

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY



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3 JUNE 1995

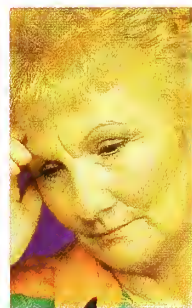
Hants nets £98,000
from DoH project fund

NPA concerned over
OPD timetable

Pharmacy: a sector at
risk from retail crime?

Renal and hepatic
impact on OTC drugs

Analgesics
market gets
POM to P
topical relief



Adcock Ingram on the
learning curve from SA

Pharmasite seeks 2,500
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BALNEUM* Bath Treatment **Active Ingredient:** 84.75% w/w soya oil. **Uses:** For the treatment of dry skin conditions, including those associated with eczema and dermatitis. **Dosage:** For a full bath - 3 capfuls. For a child's bath - 1 capful. For a partial bath in a bowl or sink - 1/2 capful. **Contra-indications, warnings, etc.:** Balneum should not be used for the treatment of patients sensitive to any of the ingredients. **Incompatibilities:** None stated. **Pharmaceutical Precautions:** No special requirements. **Legal Category:** GSL. **Package Quantities:** Bottles of 150ml. **Product Licence Number:** PL 0493/0064. **Product Licence Holder:** E Merck Pharmaceuticals (a division of Merck Ltd.), West Drayton, Middlesex. **Date of Preparation:** January 1995. **R.S.P.:** £4.75.

BALNEUM* PLUS Bath Treatment **Active Ingredients:** 82.95% w/w soya oil BP, 15% w/w lauromacrogols. **Uses:** For the treatment of dry skin conditions including those associated with eczema and dermatitis where pruritus is also experienced. **Dosage:** The bottle is to be shaken before use. For a full bath - 3 capfuls. For a child's bath - 1 capful. For a partial bath in a bowl or sink - 1/2 capful. **Contra-indications, Warnings, etc.:** Balneum Plus should not be used for the treatment of patients sensitive to any of the ingredients. **Incompatibilities:** None stated. **Pharmaceutical Precautions:** No special requirements. **Legal Category:** GSL. **Package Quantities:** Bottles of 150ml. **Product Licence Number:** PL 0493/0137. **Product Licence Holder:** E Merck Pharmaceuticals (a division of Merck Ltd.), West Drayton, Middlesex. **Date of Preparation:** January 1995. **R.S.P.:** £5.25.

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WHITEHALL

The Royal Pharmaceutical Society is rightly proud of its branch network, and it is an asset that pharmacists should not undervalue. Yet there are worrying signs that branches are beginning to struggle. There are – or were – 136 branches. Three are defunct, with the possibility of transferring members to neighbouring branches being investigated. Two are being ‘caretaken’ by adjacent branches. Four have approached the Society in recent months saying they may become inactive. There are others close to reaching the same conclusion.

The Society last researched the state of the branch network in 1989-90 and 1990-91. Then most branches organised seven meetings a year. Average attendance was 16-20, even though the average branch membership was 240. It wasn't an encouraging figure then, and it has not improved since. Of course, there are many demands on time: longer opening hours, the periods a sizeable minority now commit to continuing education, and the pressures of family life. However, if there are no bums on seats those who generously sponsor meetings and those who give up their evenings to address a dedicated few will think twice the next time they are asked.

Last year, the branch and regional network cost the membership £197,000 in grants and expenses. For the potential return it is a bargain. But to realise that return, ways of encouraging better attendance at meetings are needed. Most pharmacists must now be aware that mandatory continuing education in one guise or another is just around the corner. Accreditation of certain branch meetings, or greater use of the branches by organisations, such as the CPPE, might be one way to boost attendance. A carrot and stick approach perhaps, but not an unreasonable way to preserve a valuable asset. The Society's newly-elected Council might like to consider others before it is too late.

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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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£67,000 for Isle of Wight contractors

Isle of Wight pharmacists have netted \$67,000 to fund a 12-month pilot to cut drug costs and identify potentially dangerous drug interactions.

The pilot, one of 17 successful bids for the \$1 million Department of Health prescribing fund, aims to evaluate, for potential cost savings, prescriptions for repeat items which patients have been taking for over a year.

Considering that the IoW Health Commission is the UK's smallest health authority, the amount is "very significant", says pharmaceutical adviser Noel Staunton.

In the scheme, participants send a copy of the prescription to the GP, allowing the pharmacist to remain on site to counsel patients who come back with amended prescriptions.

Suggestions might include dose changes, using a generic instead of a branded product, or recommending a therapeutic substitution, such as cimetidine or nizatidine instead of ranitidine.

A second aim of the scheme is to highlight interactions marked in the *BNF* as being potentially hazardous.

Pharmacists will receive \$10

per week, plus \$2 for each cost saving suggestion or drug interaction notification, up to a maximum of 20 suggestions a week. At least \$52,000 will be spent on the pharmacists, the rest on managing the scheme and paying a locum to monitor progress. So far, 24 of the 29 pharmacies, and 16 out of 19 surgeries will take part.

Pharmacists will be supplied with authoritative references to support their suggestions for therapeutic substitutions, which will possibly progress to ACE inhibitors and NSAIDs.

Southampton scoops £31,000 from DoH

Southampton & South West Hampshire Health Commission is to receive \$31,000 from the Department of Health's \$1 million prescribing fund.

The six-month project – the first of its kind in the county – will centre on repeat prescription review in the elderly and will involve ten pharmacists and 14 Southampton and New Forest general practices.

Health Commission pharmaceutical adviser Neil Hardy says: "People over 65 have six times as many prescriptions as younger people. We are concerned that the more prescriptions people have, the easier it is to become confused. With pharmacists and GPs working together, some people's medication could be simplified and made safer."

Nurse prescribing: continue and reap the benefits

Nurse prescribing should be expanded and continued as it benefits both the pharmacist and the patient.

Speaking to a conference on 'Nurse prescribing: what next?' at the Royal Society of Medicine, Royal Pharmaceutical Society Council member Alan Nathan told how nurse prescribing had resulted in time saved in resolving script queries. "Nurses are very familiar with what they are prescribing, whereas doctors are often prescribing on behalf of nurses ... which can sometimes give pharmacists problems in sorting out what is actually required."

Responding to Royal College of Nursing calls for more inter-professional collaboration, Mr Nathan suggested that nurse prescribers and pharmacists meet regularly to discuss patients' requirements and possible additions to the formulary. Referring to PMRs, he commented: "If nurses encouraged patients to stick to a particular pharmacy, this would facilitate the provision of medicines."

Pharmacists could help keep nurses abreast of new POM to P developments and could continue patient care through home visiting or 'Brown Bag' medication review, said Mr Nathan.

Mark Jones, representing the Royal College of Nursing, outlined how the current "slap it on, stick it in, Mickey Mouse formulary" needed extending to include bronchodilators, simple antibiotics and oral contraceptives.

Glasgow tribunal hears of sexual harassment

A pharmacy assistant is claiming compensation for unfair dismissal and sexual discrimination after she reported her boss to the Royal Pharmaceutical Society for alleged sexual harassment.

The 32-year-old woman said she had been taken to task by her employer for saying she wished he could keep his hands to himself. After a lot of shouting, he "told me to get out of the shop and never to come back", she said.

The woman, who cannot be named by order of a Glasgow industrial tribunal, denied she left an earlier nannying job in London amid allegations of sexual harassment against her then employer.

She claimed her boss at the Stirlingshire pharmacy used to touch her from behind and made comments with a sexual innuendo for almost four years. She said he used to ask all the staff: "Do you wish tea, coffee or sex?"

She said she finally blew up when he put his arms around her saying he wanted a cuddle. She was sacked a few weeks later.

Denying her story was "complete fabrication", she said: "It is not about money. This man did things to me and I want it stopped so that it doesn't happen to anyone else."

Her employer denies sexual harassment or that he touched her in any way that was inappropriate. The hearing continues.



East Sussex pharmacists gear up for the £85,000 (maximum) repeat prescribing project (*C&D* April 1, p528) by attending two training days. Pictured here with the pilot participants are: (back row, third left) Chris Gardner, consultant lecturer; (front row seated, left to right) Erica Barrie, pharmaceutical adviser; Sheila Beaumont, CPPE tutor; and (far right) Cath McClelland, CPPE tutor and continuing education lecturer

McNaughton in hot seat

The Edinburgh-based pharmacy chain, Lindsay & Gilmour, has appointed a clinical development manager to strengthen the company's role in extended service provision.

The man in the hot seat is David McNaughton, who previously has worked for, and with, Lothian Health, the National Pharmaceutical Association and Scotland's Common Service Agency.

According to Mr McNaughton, the company is particularly keen to expand its nursing homes business and is already providing special risk

group care and patient care assessment services.

The company has also promoted Nigel Cumming to managing director, following the retirement of managing director/superintendent pharmacist David Clark. Mr Cumming has been with the company for 12 years, more recently as marketing director.

Also joining the company is Norman Jess, who takes over as superintendent/operations direct. Mr Jess previously worked for the Roland group and Gordon Drummond and Savory Moore.

Pharmacy week
ask your pharmacist about medicines
June 19-25 1995



Copies of the Pharmacy Week 'Know your Medicines' leaflets (C&D May 13, p753), posters and lapel stickers, plus other promotional materials are now available from the RPSGB and the NPA. Complimentary display posters will be sent out soon

Six go for four Welsh Executive places

Six candidates have applied for four places on the Welsh Executive of the Royal Pharmaceutical Society.

They are: Sarah Cockbill, RPSGB Cardiff and South Glamorgan branch committee member since 1977; Mary Gwillim-David, Welsh Executive member since 1980; Peter Hollyman, member designate of the Welsh Committee for Postgraduate Pharmaceutical Education; Peter Jenkins, chairman of the Welsh Executive finance committee since 1980; Kenneth Rew, Welsh Executive member since 1989; and Professor Bryan Veitch, governor of the College of Pharmacy Practice, 1989-94 and from 1995, and former chief pharmaceutical adviser to the Welsh Office, 1987-95.

Chiltern Region's curtain raiser

Chiltern Region is to hold a Pharmacy Week curtain raiser for local opinion-formers.

A reception and poster competition will be held at the Royal Pharmaceutical Society's headquarters on June 8, and will include influential guests from the region's 14 branches.

At branch level, Reading is to run advertisements on buses, talks to primary school children on medicine safety and a poster competition. Branch secretary Hazel Hughes hopes the mayor of Reading will present the prizes.

Slough has arranged a conference for schools' careers officers, while all pharmacies in the district will display the Pharmacy Week posters and help man a stand in a local shopping centre.

NPA concerned over OPD timetable

Community pharmacists could be disadvantaged by the proposed timetable for compulsory original pack dispensing, the NPA Board has warned.

Pharmacists could be seriously out of pocket if their views are not made known forcefully, it said. Questions arose over dead stocks, whether bulk packs would still be available (useful

for filling monitored dosage systems), the practical difficulties which would arise if a product was available in units of both 28 and 30, and whether parallel imported packs would be permitted. The Board reiterated its support for the principle of OPD, but agreed to make its views known to the Department of Health and PSNC.

Numark speakers

Among the topics to be covered at the forthcoming Numark international conference (Barcelona, October 25-29) are prospects in community pharmacy, growth in self-medication, the importance of pharmaceutical care, the significance of the brand and the role of ethical suppliers. The annual Institute of Pharmacy Management (IPMI) conference will run concurrently.

FP10 mission

A team of NHSE officials has conducted a fact-finding tour of dispensing practices to see FP10 difficulties at ground level.

Herbal reminder

The Prescription Pricing Authority has confirmed that FP10s for licensed herbal remedies will be reimbursed.

Malaria statement

The minister for health has announced there are no plans to deregulate POM malaria prophylaxis.

Tesco holiday health

From June, Tesco is to introduce a holiday health information service with personalised print-outs of all disease risks for customers' destinations, plus general advice, such as currency, time difference and embassies. The reverse carries health and disease avoidance information.

Pharmacy Week - C&D to award £1,000 to best local contribution

Throughout the UK, branches of the Royal Pharmaceutical Society, local pharmaceutical committees, other pharmacy groups and individual community pharmacies have been planning initiatives to promote the profession during Pharmacy Week.

So that local efforts to promote pharmacy to the public can continue, *Chemist & Druggist* is offering a prize of £1,000 to the body with the initiative which, in the opinion of a distinguished panel of judges, makes the most significant impact on consumers. On the judging panel, chaired by C&D's editor, John Skelton, will be Keith Henshall, president of the Institute of Public Relations; Tony Close, chairman of the Health Education Authority; and Sheila Kelly, director of the Proprietary Association of Great Britain.

The intention is that constructive and imaginative use of the prize money will enable the winning body to continue its good work in developing awareness of the pharmacist's healthcare role in its own local area.

To enter, complete the form (right) and, on a separate sheet of paper, outline the project in no more than 500 words. Include details such as:

- the name of the participating organisation(s)
- the objective of the scheme
- the materials used (eg Pharmacy Week resource pack, posters, local advertising)
- the amount spent and any sponsorship brought in
- a description of how the scheme operated
- the outcome (as far as you can determine).

Please submit material, such as photographs, newspaper

clippings, letters from the public, etc, which will support your entry. Presentation is

important in that it will make it easier for the judges to reach a decision.

ENTRY FORM

Entries should reach this office by July 14: address them to: **The Editor, Pharmacy Week Prize, Chemist & Druggist, Miller Freeman Professional, Sovereign Way, Tonbridge, Kent TN9 1RW**

Name.....

Address.....

Daytime phone no.....

Organisation

Attacks and burglaries on pharmacies happen on an alarmingly regular basis, yet experts deny that the sector is at risk, as Jackie Blondell reports

Crime doesn't pay

Last Christmas was one that the staff at Rankin's Pharmacy in Knotty Ash, near Liverpool, won't forget for a very long time.

A man wearing a wig and balaclava, and carrying an axe, entered the dispensary. The attacker knocked the pharmacist, John Durrant, to the floor before owner Jeremy Clitherow managed to restrain him until the police came.

"There is no guidance on what to do when there is an incident of this nature," says Mr Clitherow, who sustained bites to his hand during the fracas.

But, on the face of it, pharmacists are improving as crime fighters. The sector has one of the best records for resisting attacks, with 53 per cent of attempts repelled, according to the British Retail Consortium 'Retail Crime Costs 1993/94' survey.

The same survey shows pharma-

cists are no longer the retailers with the highest risk of violence to staff. But, for some, tackling the crime wave is still a top priority.

The Lloyds' pharmacy chain submitted figures for the BRC survey showing nearly two burglaries for every store. In 1994, it suffered 965 robberies from a chain of 570 stores.

The company is looking to take retail crime in pharmacy to the top of the agenda by lobbying through the West Midlands Industrial Council and local MPs. "The Government must be made aware that children are robbing chemists of perfume in order to buy drugs," says chief executive Peter Lloyd.

The company has had recent experience of violence. Its branch in Ely, Cardiff, has suffered a series of attacks by local youths. In the worst, one pulled a knife on staff and wrecked the shop with a hammer. In response to these cases and others

in its branches, including ram-raiding, the company has employed 80 security guards – in addition to its CCTV systems.

It also has a basic code of conduct for staff to deal with dangerous situations. "We generally don't recommend that staff confront robbers," says Mr Lloyd, whose branches suffer 15 break-ins or damage by vandals per week.

He says pharmacists are becoming much more vulnerable and believes they are now in a high-risk category, comparable with off-licences, which have taken extreme high-risk prevention precautions, such as grilles between customers and the staff and stock. "Now chemists are falling into that category, they must look at more forms of prevention. We carry some similar lines of luxury goods as, say, a small department store, but the ram-raider may choose us because we are more vulnerable," he says.

There are two reasons to rob a pharmacy. Firstly, for cash and goods. Pharmacists carry product lines which are small in bulk and high in value. Items such as designer sunglasses and perfumes are highly-valued currency on the black market. The second reason is because drugs are on the premises and addicts are aware of this. "This is when your profile is higher, and your life is at risk," says Mr Clitherow.

He maintains that heroin is the drug of choice nine times out of ten. "Temazepam comes a close second," he says. "It is mainly used as currency in a trade-off situation. After that, it could be any one of a number of drugs. Methadone mixtures tend to be way down the list."

Glasgow is notorious for its drug problems. Drug abuse is the biggest killer of people under 30 there. So, in theory, Glasgow pharmacists must be some of the most vulnerable in the country. However, superintendent Ian Gallie, crime prevention officer with Strathclyde police, believes historically drug thefts from pharmacies haven't been common occurrences. "People who want drugs are more likely to rob another type of business for cash and buy the drugs. But in areas with a high level of drug abuse, we do come across armed robberies in pharmacies. We have had two incidents in the last six months. But until recently robbing a pharmacy using force was a crime that hardly ever happened."

The image of the pharmacy as a candy store for addicts is one that organisations like the National Pharmaceutical Association are trying to eradicate. According to figures

gleaned from the Pharmacy Mutual Insurance company, drugs theft makes up about 16 per cent of total claims. While this does not take into account foiled attempts, NPA chief executive Tim Astill is keen to make this statistic general knowledge. He says: "There is a public misconception that illicit drugs on the street come from pharmacies."

"This is simply not true. Pharmacists are very security-conscious and only stock minimum quantities of controlled drugs, and word has got round to the street that this is the case. Anyway, they can get them elsewhere at reasonable prices."

However, there is one major flaw in building security fortresses: pharmacists may then be exposing themselves to other forms of theft. "Now pharmacists are more security-conscious, there has been an increase in daylight robbery," he says.

The BRC survey shows that pharmacists spent less on security than other types of retailers last year – because their security systems were already in place.

The Metropolitan police confirms that retailers like pharmacists are now considered soft targets by criminals because banks' and building societies' security has tightened considerably.

Together with the BRC, the Met has launched a new robbery initiative. The Joint Robbery Intelligence Desk is said to be the first operation of its kind to collate information about retail robberies. Retail victims will receive a form requesting details about their attack, which will be collated by the BRC's intelligence desk. If any serial robberies are identified, these will be passed on to the police.

There is little data on why pharmacists are vulnerable and how many successful and unsuccessful robberies are made each year. Only when more information is collated can pharmacists start to look at different ways of fighting crime.

Prompted by the attempted robbery in Mr Clitherow's pharmacy, Liverpool LPC is holding a seminar on violent crime in pharmacy in June. A Merseyside Drug Squad officer and a crime prevention officer will speak at the meeting. The aim is to put together a guide for contractors on violent crime.

One important piece of advice will be included in the guide. Mr Clitherow, despite his proven crime-fighting abilities, says: "Under no circumstances be a hero. Don't have a go. I just keep thinking back to last Christmas and wondering what if the robber had had a gun instead of an axe."



Ultra High Performance film by 3M

Pharmacists are now considered soft targets because banks have tightened their security in response to increased crime

Upset by sales seduction

Two incidents recently have caused me concern and have severely upset staff relations.

The first involved a toothpaste order that I had cause to question before it was checked off into the stockroom. The order contained enough toothpaste to last for a year so I sent it back for credit. A few days later I had a request from the rep to return a holdall given to one of my staff as a 'gift' for placing the order.

In the second incident, gift vouchers were sent to an employee for placing a transfer order. I only discovered this by accident as I open all the mail.

These incidents highlight a practice that has concerned me for years. Reps are bribing counter staff with gifts. Since it is a gift, staff are not clear if taking it is acceptable, but their reluctance to make it known suggests that they strongly suspect it is unacceptable.

I am not a Draconian employer. If my staff win a prize in a competition, they keep it, and so they should. However, gifts offered for purchases are a very different thing, particularly gift vouchers which are effectively cash. Such

Staff regard gifts as perks ... I see them as part of my business

gifts are designed to improve the profitability of the goods purchased – they belong to the business. To be dogmatic, a staff member taking such gifts without permission could be viewed as committing gross misconduct.

When I addressed the issue staff relations suffered. Staff regard these gifts as perks: I regard them as part of my business and this has led to considerable hostility.

I would therefore make a plea to companies not to promote gifts to staff without first consulting the pharmacy manager. Often the bargain packs offered with a gift are too large to be cost-effective for most pharmacies and therefore are unlikely to be taken by a sensible buyer.

All I want is to keep a healthy stock level and good staff relations. Hopefully, that's not too much to ask.

Written by a practising Northern Ireland community pharmacist.



Finally cutting the old bonds

Original pack dispensing has at last become a reality, with plans to alter pharmacists' Terms of Service, and a definite date of December 1, 1995, for the start of the change (*C&D* May 27, p829). This has been long overdue, but when consideration is given to the problems of providing all drugs in original packs, the delay is understandable.

For me, the implementation of OPD will be the final cutting of the bond between the old technical dispensing expertise of my original training and the clinically-orientated functions of today. The mystique of miracle pills in wax-sealed bottles will have at last been totally superseded by the dispensing of original packs of powerful medicines, where the pharmacist's role as the last point of professional intervention is so vital for the safety and good health of every patient.

So, at last I stand exposed outside of the protective shield of my dispensary, but armed with continuing education, computers and patient medication records. I have a new confidence in my own destiny. However, in order to properly achieve that position once again, I must

Topical Reflections

question the pedestrian rate of change of our NHS contract. Certainly, the concept of a large practice allowance is a step forward in recognising the total nature of pharmaceutical care, but it is itself incompatible with the numbers' game of dispensed prescriptions.

For community pharmacy to evolve we must now move towards a payment system which individually rewards the pharmacist for his professional contribution and not totally the company for which he works. This would involve changed contracts between pharmacists, their employers and the NHS, but would not be an attempt to restrict the right of companies to own pharmacies.

It would, instead, be a recognition that the future of the pharmaceutical welfare of the population must lie within professional practice. Psychologically, December 1 is an ideal date for the acceptance of this concept, and using a deadline could beneficially concentrate the minds of our negotiators to produce a formula that still allows commercial entrepreneurship while giving each pharmacist the freedom to develop his or her own individual practice.

Taking issue with the man from Safeway

The revolution in retail which has occurred during the last 30 years has turned Britain from a nation of shopkeepers into a nation of shoppers. The virtue of big is best has decreed that the retail superstore now rules supreme, and any

independents that survive do so by providing specialist services deemed insignificant by these retail giants.

In this new world of big business, community pharmacy is under constant attack from multiple traders. That policy was arrogantly explained by Stephen Painter, deputy superintendent pharmacist of Safeway, at a recent Centaur-run conference on 'The revolution in healthcare marketing' (*C&D* May 27, p851). Mr Painter seemed to be under the impression that a supermarket has a God-given right to provide any service it chooses, without responsibility for the social and community consequences.

As a community pharmacist fighting to offer a personal and empathetic local healthcare service, I resent this attitude. If the regulations which were designed to ensure the continuing adequacy of NHS pharmaceutical services in an area preclude the likes of a Safeway hypermarket from obtaining a particular contract, then I know that the elderly, disadvantaged and less mobile of my customers would prefer that to watching their local community pharmacy wither on the vine.

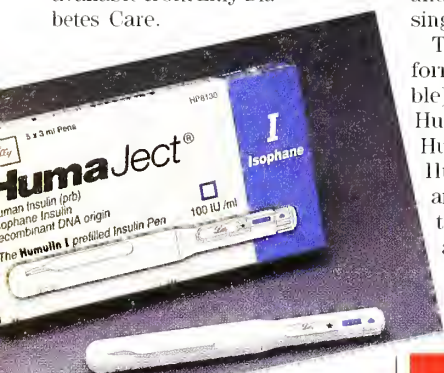
As Mr Painter so eloquently explains: "For foodstore operators, the non-food market is the most important market to be captured, with its higher margins and untapped potential."

Profit is the prime motivator and no mention is made of the destruction of community services. I know I live in a harsh commercial world where the weak are expendable, but I am also a proud member of a caring profession and I believe that this is still best practised within the community rather than from the sterility of the profit-driven aisles of the local hypermarket.

SCRIPTspecials

Lilly launches Humaject pen range

Humaject is a new range of pre-filled disposable insulin pens available from Lilly Diabetes Care.



The new pen holds 300 units of Humulin (human insulin [prb]) and can deliver up to 96 units in a single dose.

The Humaject is available in six formulations: Humaject S (soluble); Humaject I (isophane); Humaject M1 (10/90 mixture); Humaject M2 (20/80 mixture); Humaject M3 (30/70 mixture); and Humaject M4 (40/60 mixture). A 50/50 mix will be available later in the year.

The basic NHS price for a pack of five pens is \$23.70, which Lilly claims makes

Humaject the most cost-effective pen device in this sector of the insulin market.

Each pen will last an average patient seven days. Humaject has been designed for simplicity of use and only requires three steps to operate. Once the pen is empty, it can be disposed of or recycled. The company has devised a programme which allows the plastic from the pens to be recycled into garden furniture.

Humaject pens should be stored in a refrigerator between 2-8°C. When in use the pens

should be kept at room temperature (15-25°C) and should not be refrigerated. The maximum storage period for a Humaject pen in use, when refrigeration is not possible, is 28 days.

Humaject I, M1, M2, M3, M4 or M5 pens must be rolled between the palms ten times and inverted through 180 degrees ten times before use. Patient education and support materials for Humaject are available from the company or from local representatives.

Eli Lilly & Co Ltd. Tel: 01256 473241.

MEDICAL MATTERS

Routine use of IV antibiotics cannot be justified

The continued 'routine' use of the intravenous route to administer antibiotics to patients with community acquired lower respiratory tract infections can no longer be justified, say researchers in the latest *British Medical Journal*.

A study comparing patients treated with oral and IV antibiotics concluded that the oral route is cheaper, requires less labour for administration and preparation, and is linked to earlier discharge from hospital.

The open controlled trial involved 541 patients who were randomised to treatment with either oral co-amoxiclav (375mg three times daily for seven days);

intravenous (1.2g three times a day for three days), followed by oral co-amoxiclav (375mg three times daily for four days); or intravenous (1g cefotaxime three times daily for three days), followed by oral cephalosporins (cefuroxime 500mg twice daily).

There was no significant difference in clinical outcome or mortality between the three groups. However, patients randomised to oral co-amoxiclav had a significantly shorter hospital stay than the patients treated with IV antibiotics (median of six days compared with seven and nine). One-fifth of patients randomised to oral therapy were discharged within three days compared with

6 per cent in the IV groups.

The authors say factors that may explain the earlier discharge of patients given oral antibiotics are largely related to the convenience of administration. Oral administration improves compliance and accuracy of the timing of administration, which may contribute to the results.

The majority of patients admitted to hospital with lower tract infections are started on IV antibiotics, mainly cephalosporins or co-amoxiclav. The authors calculated that if all eligible patients admitted to their hospital were started on oral co-amoxiclav, the reduced hospital stay could result in savings of \$176,000 a year.

Hospital pack

Astra is discontinuing the Pulmicort 200mcg refill 100-dose (hospital pack). No other Pulmicort products are affected by the move.

Astra Pharmaceuticals Ltd. Tel: 01923 266191.

New dressings

Vantage is introducing 28 new lines of surgical dressings. The new range includes cotton crepe bandages, stretch conform wraps, cotton gauze swabs and a sterile dressing pack.

AAH Pharmaceuticals Ltd. Tel: 01928 717070.

STD Injection

STD Pharmaceutical has recently obtained a product licence for the 0.2 per cent strength of STD Injection (sodium tetradecyl sulphate) for treating venous flares and talangiectasia. A pack of 10 x 5ml costs £22 (+VAT). The company is also introducing a Microsclerotherapy Needle Set (a 30G needle mounted on flexible tubing). A pack of five costs £25 (+VAT).

STD Pharmaceutical Products Ltd. Tel: 01432 353684.

Condyline to Nycomed

Nycomed (UK) has assumed full responsibility for the distribution of Condyline (podophyllotoxin 0.5 per cent). The new trade price of the 3.5ml bottle is £12.68 and the new basic NHS price is £14.49.

Nycomed Ltd. Tel: 0121 742 2444.

Balti curries boost iron intake

Indian balti meals not only add spice to your life but also provide a useful quantity of potentially absorbable iron, reports a study in the *British Medical Journal*.

Cooking food in cast iron cookware has been shown to increase its iron content. Balti, a form of Indian cooking which has been growing in popularity in the UK, involves serving the food, usually a curry, directly from the cast iron wok in which it was cooked.

Researchers purchased some cook-chill balti meals from a supermarket and compared the iron content as bought and after cooking in a balti wok on a low gas ring for 20 minutes. Before cooking the iron content ranged from 0.86-1.46mg per 100g. Cook-

ing in the wok produced a significant increase in iron content to 6.15-10.67mg per 100g. Liver, one of the richest sources of well absorbed iron, only provides 7mg iron per portion compared with up to 50mg from a balti meal. Iron deficiency anaemia is the most prevalent nutritional problem in the world today, particularly in the developing world. Young children and women of reproductive age have the highest risk of developing anaemia.

The authors conclude that balti meals would be a useful source of dietary iron for vulnerable members of the population. However, they also caution that people who have hereditary haemochromatosis should avoid the curries.

Zeneca targets breast cancer

Arimidex (ZD1033), an aromatase inhibitor currently being developed by Zeneca, is effective and well tolerated in the treatment of post-menopausal women with advanced breast cancer, according to an international study involving 378 patients.

One-third of breast cancers are oestrogen-dependent and will regress following oestrogen deprivation. ZD1033 effects its action by selectively inhibiting the enzyme aromatase which is involved with the production of oestrogens in body tissues.

Zeneca Pharmaceuticals has submitted a licence application for ZD1033.

TAKE *Dual* ACTION!

DUAL ACTION FOR YOUR CUSTOMERS!

1

Sodium alginate goes to work immediately, creating a protective barrier to acid reflux.

2

Cimetidine controls acid production, providing longer lasting relief than an antacid.



- **FIGHTS heartburn pain FAST**
- **CONTROLS acid reflux**

DUAL ACTION FOR YOU!

1

Exceptional introductory offers recognise your increased involvement in customer counselling for POM to P switches.

2

£8m commitment to bring you customers, including a national TV campaign.

Tagamet* Dual Action Liquid is now available for the short term symptomatic relief of heartburn and associated acid reflux.

New Tagamet Dual Action Liquid is the only product available for your recommendation which not only provides the immediate benefit of other alginate liquids, but also

has the advantage of an H₂ antagonist for long-lasting relief.

Please contact your
Pharmacy Support Team representative,
or Freephone
the OTC Tagamet Information Line on
0500 100 222.

Product Information: Presentation. A white suspension with an odour of fruit and mint containing 500 mg sodium alginate B.P.C. and 200 mg cimetidine per dose. **Use.** Short term symptomatic relief of heartburn associated with acid regurgitation, especially if provoked by bending over or lying supine. **Dosage and administration Adults (incl. the elderly), children 16 years and over.** 10 ml suspension when symptoms appear. If symptoms persist for more than 1 hour after the first dose, a second dose (10 ml) may be taken, but no more than 2 doses in any 4 hours and no more than 4 doses in any 24 hours. Treatment should not be continued for more than two weeks. If symptoms persist for more than two weeks or recur regularly, a doctor should be consulted. Not to be given to children under 16 years of age. **Contraindications.** Hypersensitivity to cimetidine or any of the other constituents. **Precautions.** Not recommended in patients with impaired renal function, hepatic impairment, taking oral anticoagulants, phenytoin, theophylline, intravenous lignocaine, middle aged or older patients with new/changed dyspeptic symptoms, any patients with unintended weight loss and dyspeptic symptoms, because of potential delay in diagnosis of gastric cancer; with compromised bone marrow, in pregnancy and lactation. Use only on a doctor's advice in patients: with any other illness, using any medication, under medical supervision for other reasons; with a history of peptic ulcer who are now using NSAIDs, especially the elderly. Contains 66 mg sodium per 10 ml dose and this should be included in the daily allowance of patients on sodium restricted diets. **Adverse reactions.** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional liver damage, confusional states (usually in the elderly or very ill), all reversible. Rarely thrombocytopenia, leucopenia, agranulocytosis, all reversible. Very rarely, hepatitis, interstitial nephritis, acute pancreatitis, headache, myalgia, arthralgia, fever, sinus bradycardia, tachycardia and heart block, all reversible, aplastic anaemia, pancytopenia and anaphylaxis. Reports of alopecia and very rarely reports of impotence but no causal relationship has been established at usual prescribed therapeutic doses. **Product licence number.** 0002/0232. **Retail Price.** (200 ml) £4.99. **Legal category.** P. **Date of preparation.** 4 April 1995. SmithKline Beecham Consumer Healthcare, SB House, Brentford, Middlesex, TW8 9BD. Telephone number: 0181 560 5151.

**SB SmithKline Beecham
Consumer Healthcare**

*Tagamet is a registered trademark of SmithKline & French Laboratories Limited.

COUNTERpoints

Mycil goes for Gold

Mycil Gold Clotrimazole (20g, £2.99) is being launched this month for the treatment of persistent athlete's foot.

A P medicine, the broad-spectrum antifungal cream contains 1 per cent clotrimazole and is effective against yeast infections such as intertrigo, as well as dermatophyte infections such as ringworm and dhotie itch. Tolnaftate, the active ingredient in other Mycil products, is effective for mild to moderate athlete's foot, but is not effective against candida.

Research by Crookes Healthcare shows that athlete's foot sufferers are most likely to be younger people with an interest in sports, so promotion will be directed equally towards men and women. Advertising is running in the national consumer press and selected sports publications until November.

Sports sponsorship

includes the ASA Masters Championship in Sheffield from October 27-29, which is expected to attract 1,500 swimmers. For the second year, Mycil is sponsoring the Official World Toe Wrestling Championship, being held in Staffordshire on June 3. All proceeds will go to charity.

A counter display for the new product holds customer leaflets and is available through territory managers who can also give information on bonus deals.

For pharmacy assistants there is a training module on athlete's foot and a 'Guide to fungal infections' is being produced for pharmacists.

In July a booklet, 'Give feet a sporting chance', and a poster on common foot problems will be distributed to health and fitness clubs, local authority leisure centres, universities, colleges and swimming clubs, and through sampling.

Crookes Healthcare Ltd.
Tel: 0115 9507431.



On the ball with Beconase

Warner Wellcome has developed a pharmacy training pack.

It takes a comprehensive look at the causes, diagnosis and treatment for hayfever, and includes a suggested protocol

detailing how to most effectively recommend products.

Pharmacy assistants also have the opportunity to win a weekend for two at a health farm, a Fortnum & Mason picnic

hamper or one of 100 Marks & Spencer £10 vouchers. Details are included in the training pack.

Warner Wellcome Consumer Healthcare.
Tel: 01703 641400.

Mortons moves into vitamins

Mortons Herbs - known for its range of herbal supplements and remedies - is introducing a new range of supplements specifically aimed at pharmacies.

The David Morton's Quintessential Range consists of 11 of the most frequently requested supplements including: multivitamins, minerals, antioxidants, chewable vitamin C, vitamin B

complex, vitamin E, calcium, iron, evening primrose oil and cod liver oil.

All products come in amber glass jars with red and black labels. They are packed in six-jar display trays with backing cards depicting David Morton in sepia tones. Prices start at \$0.99 for 30 vitamin tablets.

Lifeplan Products Ltd.
Tel: 01455 556281.



Freeze frame

To coincide with the reformulation and repackaging of the new CFC-free PR Freeze Spray, Crookes Healthcare has developed an assistants' training module.

This also includes a competition where M&S vouchers can be won.

Copies are available from local territory managers.

Crookes Healthcare. Tel: 0115 953 9922.



Daktarin sports new strip

Daktarin Spray Powder has been given a new strip to sharpen its sporting appeal.

From June, the antifungal range will sport a new dark green and grey livery. The new look has been designed to appeal to both sportsmen and women, the company says.

A 12-page booklet for

pharmacy assistants and other healthcare professionals, entitled 'Common Fungal Infections of the Skin', is now available by writing to: Daktarin Fungal Infections Booklet, Janssen Pharmacy Division, Grove, Wantage, Oxfordshire OX12 0DQ. **Janssen Pharmacy Division.** Tel: 01494 67567.

Oxy changes its spots

Smithkline Beecham is introducing a new pack design for its Oxy medicated skin care brand.

As well as a bright new look, pack

copy has been changed to focus on the benefits of using the whole range.

The line is also being extended with a new jumbo 72-pack of Duo Pads (rsp \$5.79).

The repack coincides with a new \$3 million campaign for the brand which breaks this month. The new ads continue to use real teenagers, unscripted, speaking directly to camera; or in the press ads, photographed in their own bedrooms. **Smithkline Beecham Consumer Healthcare.** Tel: 0181 560 5151.



Introducing the only metered dose inhaler that meets today's mandate.



The manufacture of aerosol inhalers containing chlorofluorocarbons (CFCs) is likely to be banned in the future, to comply with the Montreal Protocol, a world mandate to protect our environment.

New Airomir inhaler is the first ever CFC-free metered dose inhaler for asthma – and the only metered dose aerosol inhaler to meet this important initiative.

Airomir inhaler delivers salbutamol sulphate, and has comparable efficacy and safety to the brand leading CFC-salbutamol inhaler^{1,3} – at a comparable price.⁴

Switch your asthmatics to Airomir inhaler today, and help make a world of difference.

New **Airomir™** (salbutamol sulphate inhaler)

The world's first CFC-free metered dose inhaler for asthma therapy

CFC FREE SYSTEM 

ABBREVIATED PRESCRIBING INFORMATION: **Presentation:** A pressurised inhalation aerosol delivering Salbutamol Sulphate Ph Eur equivalent to salbutamol 100 mcg into the mouthpiece of the adaptor. Airomir inhaler contains a new propellant, HFA-134a, and does not contain chlorofluorocarbons (CFCs). **Indications:** For the treatment of reversible airways obstruction associated with asthma, chronic bronchitis or emphysema. It may also be used prophylactically for the treatment of exercise induced asthma. **Dosage:** *Adults and elderly:* One or two inhalations as a single dose for the relief of reversible airways obstruction associated with asthma, bronchitis or emphysema. For the prevention of exercise induced asthma, two inhalations prior to exercising. *Children:* One inhalation for the relief of asthma, increasing to two as a single dose if necessary. One inhalation prior to exercise, increasing to two if necessary. Maximum dose for all patients – eight inhalations in 24 hours. **Contraindications:** Hypersensitivity to salbutamol or any of the inactive ingredients in the Airomir inhaler. It should not be used in the management of premature labour and threatened abortion. **Precautions:** Administer cautiously to patients with thyrotoxicosis. Potentially serious hypokalaemia has been reported in patients taking beta-2 agonist therapy. Patients should be advised to seek medical advice if treatment ceases to be effective and/or their asthma seems to be worsening. Patients should not increase the dose without seeking

medical advice. Salbutamol and non-selective beta-blockers should not usually be prescribed together. **Side-effects:** Mild tremor, headache, tachycardia, palpitations, transient muscle cramps. Paradoxical bronchospasm and potentially serious hypokalaemia have been reported in patients taking beta-2 agonists. **Pregnancy:** There is no experience of Airomir inhaler in human pregnancy. The safe use of salbutamol during pregnancy has not been established but it has been in widespread use for many years without apparent ill consequence. Studies of propellant HFA-134a in pregnant rats or rabbits have not shown any special hazard. **Lactation:** It is not known whether salbutamol or propellant HFA-134a are distributed into human breast milk. **Pharmaceutical precautions:** Store below 30°C protected from frost and direct sunlight. As the vial is pressurised no attempt should be made to puncture it or dispose of it by burning. **Basic NHS price:** £2.30. **Product licence number:** PL0068/0165. **Legal Category:** POM. **Date of preparation:** March 1995. **References:** 1. Data on file, 3M Health Care, Study 1012-SILV. 2. Data on file, 3M Health Care, Study 1037-SILV. 3. Data on file, 3M Health Care, Study 1031-SILV. 4. MIMS March 1995. **Date of preparation of literature:** March 1995. Further information is available from the 3M Health Care Information Scientist: Telephone Loughborough (01509) 611611. Pharmaceutical Division, 3M Health Care, Loughborough, England. 3M and Airomir are trademarks of the 3M Company.

YOUR IDEAL CHOICE TO SHRINK PAINFUL PILES.

BEFORE YOU RECOMMEND: CONSIDER THE FACTS.

As a pharmacist, you are increasingly playing a primary role in your customers' healthcare needs. Treating the pain and discomfort of piles is no exception. As you know, many customers require information or reassurance as well as effective relief.

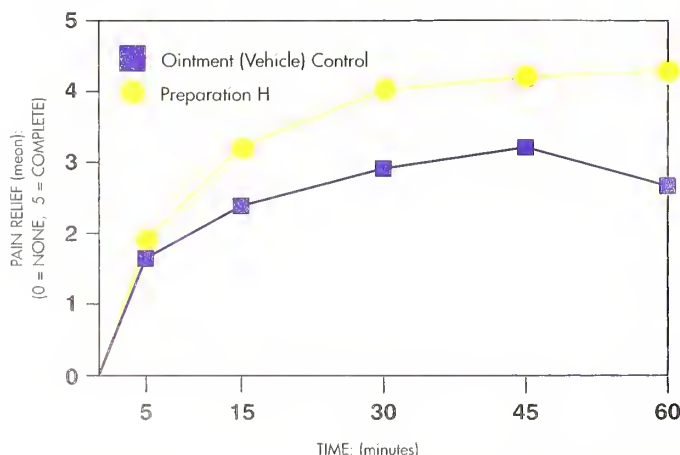
Preparation H* haemorrhoid treatment has been giving sufferers relief for over 30 years and is the ideal recommendation for your pharmacy.

Fast, Multi-Symptom Relief

Extensive single and multi-dose clinical studies prove that **Preparation H** effectively relieves the varied symptoms of piles.¹

These include pain, irritation, burning, itching and discomfort on defecation.

Specifically, the main active ingredient in **Preparation H** - yeast cell extract - has been clinically proven to relieve painful piles as quickly as 15 minutes after first application.²



*Trade Mark

Long-Lasting Relief

In clinical trials, the main active ingredient in **Preparation H** (yeast cell extract) provided significant relief from the main symptoms of piles after a single-dose application for the full 2 hour study period.¹

Other multi-dose studies lasting 7 days also clinically prove that **Preparation H** relieves such symptoms.¹

Shrinks Painful Piles

Preparation H not only soothes and relieves the symptoms of piles, its dual action formulation helps shrink swollen skin tissue as well. In a UK multi-centre trial following treatment with **Preparation H**, results at the end of the 7 day study showed shrinkage of swollen piles in as many as 75% of patients.¹

Suitable for internal & external piles

Preparation H is available both as ointment and suppository treatments. Clinical tests have been conducted amongst piles sufferers.¹ Significant symptomatic relief was recorded, with pain relief reported after an average of 37 minutes¹: 86% of all patients reported complete/moderate overall relief after treatment.¹

Recommendable in Pregnancy



Piles commonly occur during pregnancy. With its excellent safety profile, **Preparation H** has been used extensively by pregnant women for many years without adverse or harmful effects being reported.

Highly Effective

Preparation H has been clinically tested and its efficacy compared with other leading treatments.¹

Results clearly indicate that **Preparation H** is a highly effective treatment¹ suitable for pharmacy recommendation, offering significant relief and benefit to piles sufferers.

PREPARATION H

Supporting your pharmacy

- £500,000 awareness-raising national consumer advertising campaign
- Striking new POS display and promotion
- **PREPARATION H.E.L.P.S.** - A unique, confidential sufferer information service

For further information and details, contact your Whitehall Representative.



PREPARATION H

CLINICALLY PROVEN HAEMORRHOID RELIEF

Contains yeast cell extract and shark liver oil

PRODUCT INFORMATION: Preparation H Ointment & Suppositories: *Presentation:* Ointment or suppositories containing yeast cell extract 1.0% w/w, shark liver oil 3.0% w/w. *Uses:* Relief of the symptoms of haemorrhoids, i.e. pain, irritation and itching. Helps to shrink the tissues swollen by inflammation. Lubricant in easing painful bowel movements when the skin is dry and sore. *Dosage:* **Ointment:** Adults and the elderly. Apply freely night and morning and after each bowel movement. Children: Not recommended. **Suppositories:** Adults: and the elderly. Insert one suppository, rounded end first, into the rectum, morning and night, and after each bowel movement. Children: Not recommended. *Interactions:* None known. *Special warnings and precautions:* Persons who suffer from haemorrhoids are advised to consult a doctor. *Side Effects:* None known. *Effect on ability to drive and use machines:* None. *Incompatibilities:* None known. *Use during pregnancy and lactation:* Preparation H has been used satisfactorily by a large number of pregnant women for many years without adverse or harmful effects on the health of either the unborn or the newborn child being reported. *Overdosage:* Not applicable. *Pharmaceutical Precautions:* Ointment: Store at a temperature not exceeding 25°C. Suppositories: Store at a temperature not exceeding 15°C. *Legal Category:* GSL. *Package quantities and Prices:* **Ointment:** 25g - £2.09 and 50g - £3.19 (ex VAT). **Suppositories:** 6 - £1.18, 12 - £2.00, 24 - £3.53, 48 - £6.26 (ex VAT). *Product Licence No:* Ointment PL 0165/5014R Suppositories PL 0165/5015R. *Date of Preparation:* May 1995. *Shelf Life:* Ointment: 3 Years. Suppositories: 2 Years. * Trade Mark. *References:* 1. Data on file at Whitehall Laboratories. 2. J. Clin. Pharmacol. 1989, 29, 845 (J. Fillingim).

Whitehall Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH.

WHITEHALL

Dali distribution

Creative Fragrance is not the distributor for Parfums Salvador Dali as stated in Counterpoints (13 May 1995).

Parfums Salvador Dali can be contacted on: 01444 415439.

Versace on the move

Revlon has ceased distribution of Gianni Versace fragrances in the UK. The new distributor is Aspects Beauty Company. **Aspects Beauty Company.** Tel: 01273 400085.

Eden excels

Cacharel's Eden has been voted the best female fragrance launch of 1994 by leading members of the fragrance industry. **Prestige & Collections Ltd.** Tel: 0181 979 6699.

US nails

Forget the French manicure, this year fashion heads Stateside, according to Orly. Its Beverley Hills American Manicure gives nails a nearly-white tip and a tint of plum-mauve polish. A four-polish kit, complete with guide, retails at £7.95.

Jica Beauty Products. Tel: 0181 979 7261.

Maws wraps up

Maws has produced a 4oz weaning storage jar for liquid, pureed and solid food. Available in green or mauve with a clown or bunny design, it costs £1.99 for a twin pack.

The Maws Group Ltd. Tel: 01483 355500.

Hyperactive help

The Hyperactive Children's Support Group has given its approval to the Hansen's Natural range of sugar-free soft drinks. These are preservative-, additive-, sweetener-, caffeine- and sodium-free.

Hansen's Natural. Tel: 0171 409 0066.

Tudor frame-up

Tudor Photographic now produces photo frames with metal and acrylic finishes.

Tudor Photographic Group Ltd. Tel: 0181 202 0811.

Yardley breathes new life into English Lavender

Yardley's key signature fragrance, Yardley English Lavender, is being repackaged to reflect the light, natural properties of the fragrance and attract a younger consumer.

The current blue and yellow packaging is being replaced with ivory and lilac which, while still traditional, will imbue the brand with a cleaner, fresher look. The emblem of the flower seller is retained, as is the familiar gold blocking.

The range is being rationalised, too, with the core comprising fragrance, soap and talc.

A £200,000 consumer press advertising campaign breaks in August and will run up

to December. The ad features a contemporary shot of lavender flowers, which emphasises the natural essence of the fragrance.

An on-counter

which holds trial sizes of perfume (10ml, £2.95), body-spray (50ml, £1.45) and soap (30g, \$0.99). Other POS material



merchandise will be available from July,

Oil change for Tisserand

Tisserand has five new essential oils on the market: lime, niaouli, danuana, basil and fennel.

Lime is renowned for its antibacterial and antiseptic properties and is often used for gastric problems.

Niaouli has antiseptic and anti-inflammatory properties and is useful for the throat.

Danuana has a smoky aroma and is a diuretic, as well as being effective in regulating menstrual dysfunction, claims Tisserand.

The company is also introducing basil and fennel for the first time. It has previously refused to sell these oils because of their high content of methyl chavicol (which is banned in the US). However, it has now found oils which only contain a maximum methyl chavicol level of 5 per cent for the basil and 0.5 per cent for the fennel.

Aromatherapy Products Ltd. Tel: 01273 325666.



Faberge makes links with Lynx

Updated packs of Lynx will carry the famous Faberge name for the first time from June.

The new look coincides with the brand's tenth birthday.

Lynx now takes a 16.5

per cent share of the total male toiletries market (Nielsen) with its latest variant, Africa, already accounting for nearly a third of all purchases.

Elida Gibbs Ltd. Tel: 0171 486 1200.

Rembrandt's white on this summer!

This summer every travel-size (1oz) tube of Rembrandt comes with a voucher worth \$1 off a regular 3oz or 5oz tube. The travel size will be available during June, July and August and will retail for around £2.95.

Grafton International. Tel: 01543 480100.

Fun in the sun with Outdoor Girl

A new range of cosmetics from Outdoor Girl is designed to add a touch of sparkle to this summer's look.

The Fun in the Sun collection contains herbal extracts and some products also have UV screens. The range includes a frosted blusher (£1.69), one matte

Brut boost

From June 19 free deodorant will be available to consumers with every purchase of aftershave (or two other products) from the Brut or Brut Aquatonic ranges.

The offer is to be promoted via specially-marked cans and shelf barkers.

A new permanent display shelf organiser/display tray, with clip-on branded front panels, is also now available.

Elida Gibbs Ltd. Tel: 0171 486 1200.



On the double for Kleenex

Kleenex Double Velvet, the 'softest, thickest premium toilet tissue' from Kimberly-Clark, has its \$6 million TV launch on June 1. Featuring the long-running three flatmates campaign, the commercial forms part of an \$11m Kleenex spend in 1995.

Kimberly-Clark Ltd. Tel: 01622 616000.

**A SIGHT
FOR SORE EYES
AND NOSES**

**TRILUDAN
FORTE**

TERFENADINE

- ✿ **ONE A DAY
ANTIHISTAMINE**
- ✿ **FAST ACTING
ANTIHISTAMINE**
- ✿ **RAPID RELIEF
FROM HAYFEVER
AND OTHER
ALLERGY SYMPTOMS**
- ✿ **LASTS ALL DAY**
- ✿ **AVOIDS
DROWSINESS**

Treating hayfever is our forte.

Triludan/Triludan Forte Product Information

Presentations: Triludan-Tablets: Each tablet contains 60mg terfenadine. Triludan Forte Tablets: Each tablet contains 120mg terfenadine. **Uses:** Antihistamine indicated for symptomatic relief of hayfever, allergic rhinitis and allergic skin conditions. **Dosage and Administration:** Adults and Children over 12 years: As a single or two divided doses. Allergic skin conditions: 120mg daily. Hayfever, allergic rhinitis: Starting dose 60mg daily, increase to 120mg daily if required. Children: Allergic skin conditions, hayfever, allergic rhinitis: 6-12 years, 30mg twice daily. Do not exceed the maximum recommended dose. **Contra-indications, warnings etc.** Contra-indications: Concomitant use with oral ketoconazole or itraconazole or erythromycin. Use in patients with

significant hepatic dysfunction. Known hypersensitivity to the drug. **Warnings:** QT prolongation and/or ventricular arrhythmias, including torsades de pointes have been reported at doses higher than those recommended and at normal doses in patients whose terfenadine metabolism is impaired by drugs or by liver disease (see 'Contra-indications'). If syncope occurs, terfenadine should be discontinued and the patient evaluated for potential arrhythmias. **Precautions:** Terfenadine is not recommended in patients in whom electrolyte imbalance or prolonged QT interval are known or suspected. Concomitant use of terfenadine is not recommended in patients receiving potentially arrhythmogenic drugs and those producing electrolyte imbalance, astemizole. Although evidence is lacking, the risk of arrhythmia might be increased (see 'Warnings'). Side-effects:

The following side-effects have been reported: abdominal pain and dyspepsia, alopecia, anaphylaxis, angioedema, arrhythmias, bronchospasm, confusion, convulsions, depression, dizziness, headache, insomnia, jaundice, liver dysfunction, menstrual disorders, musculoskeletal pain, nightmares, palpitations, paraesthesia, photosensitivity, rash, sweating, syncope (see 'Warnings'), tremor, visual disturbances. In objective tests Triludan has been shown to be free from central nervous system side-effects. Reports of drowsiness are extremely rare but it is advisable to check the individual response before driving or performing complicated tasks. **Drug Interactions:** Use with oral ketoconazole or itraconazole is contra-indicated. Use with erythromycin is contra-indicated. Concurrent use with other imidazole oral antifungals or other

macrolide antibiotics is not recommended. Concurrent use of drugs with arrhythmogenic potential or those causing electrolyte imbalance is not recommended (see full data sheet). **Pharmaceuticals:** Triludan Tablets Pack of 10 tablets. Triludan Forte Tablets Pack of 7 tablets. **Product Licence Numbers:** Triludan Tablets 4425/0024. Triludan Forte Tablets 4425/0091. **Retail Price inc. VAT:** Triludan Tablets pack of 10 £2.88. Triludan Forte Tablets pack of 7 £3.87. **Date of preparation:** March 1995. Further information including Product Data Sheet is available from: Marion Merrell Dow Ltd, Lakeside House, Sharnbrook Park, Uxbridge, Middlesex, UB11 1BE. Marion Merrell Dow and Triludan are registered trademarks.

Kodak gets card sharp

Kodak Gold film has joined forces with four of the biggest names in entertainment, restaurants and hotels in a special money-saving promotion.

Inside all special packs of Kodak Gold film will be a credit card-sized Gold Card entitling consumers to 50 per cent off the following: two children's tickets to Alton Towers, dining for two at Les Routiers restaurants, a meal for two to six people at Pizzaland and a weekend

break for two at a Queen's Moat House Hotel.

A counter merchandiser containing 30 Gold Card packs is available to promote the offer. It runs until August 31.

Kodak is also adopting an aggressive marketing strategy to position its Gold Ultra 400 as the film for all conditions.

Kodak Ltd. Tel: 01442 61122.



Dream holidays with Fuji

Fujifilm is running a 'Chance of a lifetime' competition in conjunction with its Fujichrome Sensia film.

The competition invites the winner to choose one of four world-class holidays for two (each worth £2,500). The second prize offers the chance to spend three

days on location with a photographer, while the third-place winner will receive a one-day nature photography course.

Fujifilm is providing stockists with special counter top merchandisers which have a built-in dispenser for entry forms. The merchandisers contain 20

rolls of 36-exposure non-process paid 100 ISO Fujichrome Sensia film. The competition is open to users of both process paid and non-process paid versions.

Closing date for the competition is September 30.

Fuji Photo Film (UK) Ltd. Tel: 0171 586 5900.

Konica on the rocks in new TV campaign

A new television advertising campaign for Konica's EU-Mini camera breaks this week on GMTV.

The commercial opens with a black and white

image of rocks, starkly silhouetted against the sky with the strapline 'Out of the darkness', the sun rolls out from behind the rocks to become the EU-Mini, filling the landscape

with colour.

Konica says the advertisement will reach an estimated audience of 15.5 million.

Konica UK. Tel: 0181 751 6121.

Unichem summer offers

Brands on offer during June at Unichem include Impulse, Harmony hairspray and Lil-lets.

There are also a number of special deals on orders of six cases or more for certain products. These include New Bodyform Ultra Liners 20s for \$12.97, Elastoplast 20s for \$5.23, and Lil-lets Tampons Regular 16s 24-pack size

for \$21.46.

Unichem is also running a 'Buy 2 Get 1 Free' promotion on its own-brand Antioxidant, Vitamin E and sun care range. Customers who buy any two sun care products, which include SPF4, 8, 15 and 25, will receive a free 200ml aftersun lotion.

Unichem plc. Tel: 0181 391 2323.

ON TV NEXT WEEK

Beckman Stain Devils: GMTV

Delial Sun Care: C, A, HTV, W, M, CAR, C4

Dove Bar: All areas

Fujicolor Super G film: C4, ITV

Ibuleve Gel: C4

Ibuleve Spray: C4

Imodium: All areas

Johnson's Baby Bath: ITV, C4, GMTV, BskyB

Kodak Fun Single Use Camera: C4 & satellite

Mum Deodorant: All areas except B, CTV, W, GMTV

Natural Instincts: GTV, U, STV, C, A, HTV

Otex Ear Drops: C4

Predictor: C, A, M, C4

Seven Seas Cod Liver Oil: C4

Silvikrin: All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

CHEMEX CORNER

CHEMEX
EXHIBITION



3-4 SEPTEMBER 1995
WEMBLEY EXHIBITION CENTRE
LONDON • ENGLAND

Chemex, the most important pharmacy exhibition of the year, is fast-approaching, and if you haven't put the date in your diary yet, it's September 3-4. Held once again at Wembley Exhibition Centre,

It's showtime!

London, Chemex 1995 promises to be the best show yet.

Following last year's success, the exhibition will once again be split between two halls, with healthcare in one and beauty in the other, making it easier for you to plan your visit and use your time effectively.

Chemex is again being organised by MGB Exhibitions. Maurice Hoare, exhibition manager, has high hopes for this year's show: "I'm feeling very positive about Chemex 1995. In particular because we

have exhibitors from a much wider variety of companies than before, making the show of even more benefit to the visitor."

On the beauty side, some ten new overseas companies have already signed up as exhibitors, with big names from Malta, the US, Italy, Denmark and Israel; while on the health side several new German companies will be showing this year.

To make life easier for visitors to Chemex, MGB Exhibitions is devising a simple pre-registration

scheme, which should be up and running in the next few weeks. Visitors need simply to phone a given number (to be announced shortly), their details will be taken down, and on arrival at Chemex they'll be able to skip the registration queues and walk straight into the exhibition. A gift incentive will be offered to encourage visitors to use the pre-registration service. Watch this space for more details...

Once again *Chemist &*

Druggist is the sponsoring magazine for Chemex, and we'll be keeping you up to date with all the latest news on the show. Look out for further Chemex Corners in the June 24, July 22 and August 26 issues, where we'll give you news on product launches and promotions which you can see at the show. The definitive Chemex catalogue and preview will be published with the August 12 issue.



ANNOUNCING A MAJOR NEW INITIATIVE FOR COMMUNITY PHARMACISTS

The healthcare market place is changing rapidly. The demands for increasing services and the pressures are mounting.

It's time for the Community Pharmacist to have a voice. This is why Zeneca have established the Zeneca Community Pharmacy Liaison Group.

This hand-picked team has been specially created to help you maximise your commercial viability. The Group can draw upon a wide range of expertise to develop support services and initiatives designed to meet your needs.

How your voice can be heard

To do this, the Group needs your input. Over the next few weeks we will be conducting a major Community Pharmacy Survey – the first of its kind. This Survey is *your* chance to have your voice heard by a major pharmaceutical company with extensive pharmacy experience. It's the problems you face that will be the focus of the survey. The information we intend to gather will be used to devise the strategies and initiatives that will best help your business.

If you would like to be part of this major initiative, please telephone the number below. You can be sure that all information will be treated in the strictest confidence.

ZENECA

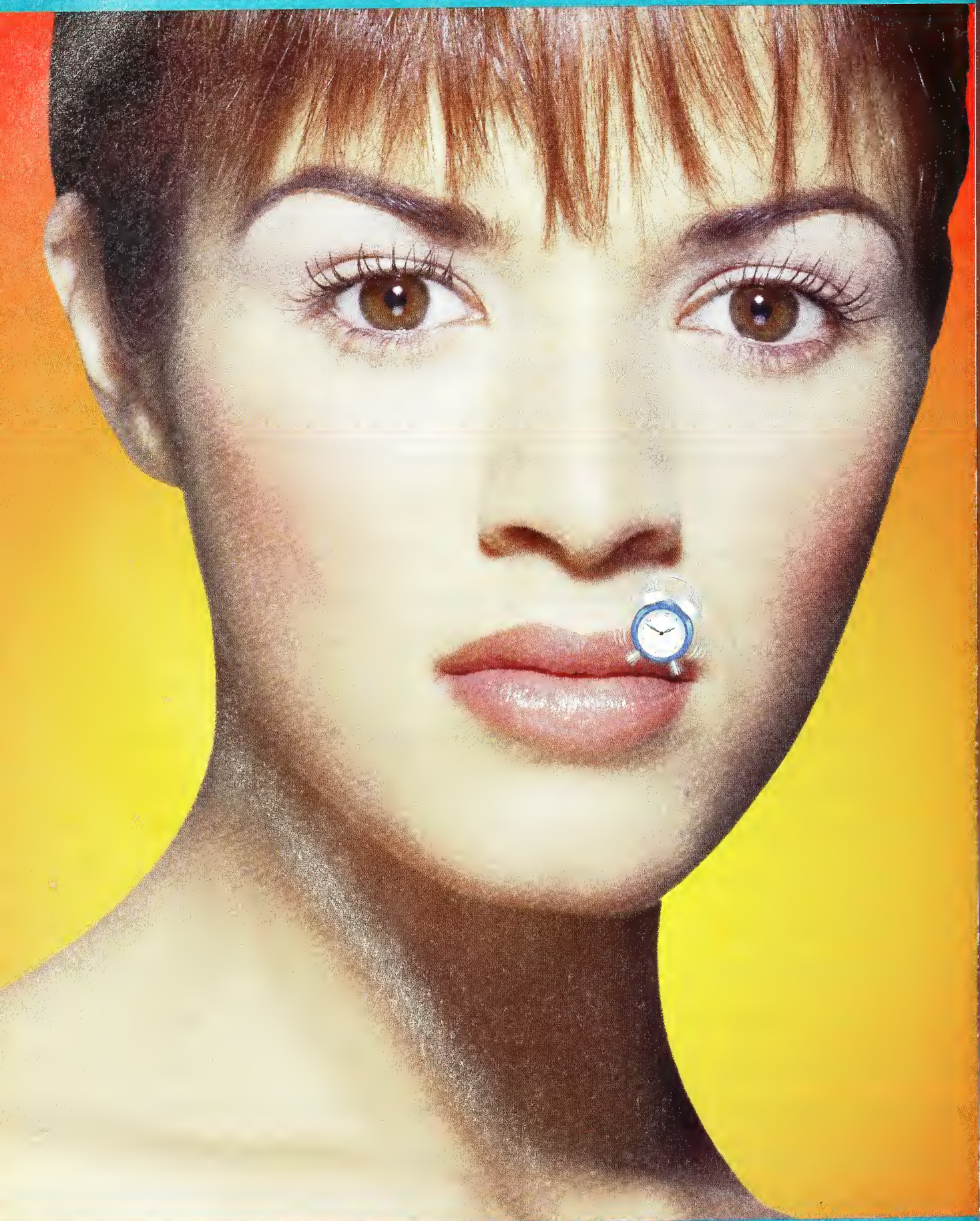
COMMUNITY PHARMACY LIAISON GROUP

Zeneca Community Pharmacy Liaison Group
Service from ZENECA Pharma, King's Court
100, Wilmslow, Cheshire SK9 5AZ

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SUNLIGHT IS A MAJOR



ESSENTIAL PRODUCT INFORMATION 5% w/w aciclovir in water miscible cream base. **USES** Cold Sore treatment. **DOSAGE AND ADMINISTRATION** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. **CONTRA-INDICATIONS, WARNINGS, ETC** *Contra-indications* Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to aciclovir or propylene glycol. *Precautions* Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the

COLD SORE TRIGGER

This summer be prepared
for yet more sales success!

Z Uniquely effective

Zovirax Cold Sore Cream is the *only* specific antiviral cold sore treatment available in pharmacy that can prevent a cold sore appearing

Z Sunlight will soon be triggering millions of cold sores

See it for yourself with this handy UV light detector

Z Summer sun means peak demand

Red hot £2.0 million summer campaign will generate increased consumer demand for this top-selling pharmacy brand

Z Massive market potential

There are 12 million cold sore sufferers. Nearly half still do not treat with an OTC product¹

Z One of the most profitable products in UK pharmacy

Zovirax Cold Sore Cream generates *pharmacy-only* profit and outsells its nearest competitor 6 to 1 by value²

Z Together we are building a major new pharmacy-only market

Get ready for scorching summer sales with our new high-impact counter unit

Warner Wellcome

CONSUMER HEALTHCARE

ZOVIRAX^{*}
COLD SORE CREAM

the only OTC product where early use can prevent a cold sore appearing

Reference 1. RSL-January 1995 2. A.C. Nielsen 1995

patient is under the care of a doctor because of a weak immune system. *Side and adverse effects* Transient burning or stinging may follow application. Mild redness or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application. **RETAIL SELLING PRICE** Subject to Retail Price Maintenance 2g tube - £5.29 (PL 3/0304). **LEGAL CATEGORY** P. Further information available on request. Warner Wellcome Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZQ. **DATE OF PREPARATION** April 1995 BQCD 92/92
^{*}Trade Mark.

NPA promises July stress service

The National Pharmaceutical Association is to offer members, its employees and families a confidential 24-hour stress counselling service from July 1.

Further details will be available soon, the NPA Board heard at its May meeting.

Assistants' training The NPA will not produce a revision course or training programme for experienced assistants, but will concentrate on encouraging all assistants to enrol in one of the existing programmes, which would ensure they reached acceptable levels of competence. Experienced assistants will be exempted from the Royal Pharmaceutical Society's requirement to pursue a formal training

course, providing they are able to pass a multiple-choice questions examination. Board members felt that all assistants would benefit from formal training.

Price Marking Order The Board was pleased to note that its representations had persuaded the Department of Trade and Industry to publish a consultation document on deferring the implementation of that part of the Price Marking Order which would introduce compulsory unit pricing. Some concern was expressed that the proposed deferment was for no more than one year. The Board agreed to seek an extension to at least four years.

Medicines advertising Some manufacturers have agreed to

supply artwork to NPA members who wish to advertise that their pharmacies stock recently deregulated POM to P medicines. The NPA had objected to the fact that some advertisements carried Boots' name and implied that the medicines were available only through Boots' pharmacies. But the manufacturers had made it clear that the advertisements were published at Boots' expense and that they had only provided the artwork.

Manufacturers' training materials The Board expressed concern about some so-called training materials from some manufacturers. Some booklets were little more than promotional brochures. It was agreed to remind

manufacturers that they can approach the NPA training department, in strict confidence, for help in designing effective training materials, which would provide objective information while still drawing attention to the manufacturer's products.

Grazing Some Board members felt they were losing significant sums when customers damaged products by testing them and putting them back on the shelf. Cosmetics manufacturers had said that tamper-evident packaging was expensive and would be considered only where consumer safety was at stake. A renewed approach will be made to the Cosmetic, Toiletry and Perfumery Association.

Vantage doctor plan stalls

Plans for a dual-registered GP and pharmacist to take over the franchise of a Sussex Vantage Chemist have stalled at the eleventh hour.

Dr Paul Daniels, who registered as a pharmacist in 1981, but who now practises as a GP, had intended to take over the franchise of a local Vantage Chemist on May 30. FHSA approval for the transfer had been received.

News of the move (*C&D* May 20, p792) sparked a violent reaction from nearby contractors.

Following a May 24 meeting at which the initiative was to have

been discussed, AAH Retail Pharmacy issued the following statement: "The consent of the franchiser is required in such circumstances and the proposal ... does not have the necessary approval. Both parties are considering alternative options in order to resolve the situation."

Allan Orme, managing director of AAH Retail, denies that the company's decision centred on the outcry, but would not disclose on what grounds approval was withheld. Neither would Mr Orme disclose what options are being considered.

Age case reaches Europe

The campaign for an equal age for both men's and women's prescription exemption has finally reached the European Court.

Walsall pensioner Cyril Richardson believes that the current law discriminates against men. With backing from the Campaign for Equal State Pension Ages, Mr Richardson took his case to the European Court on May 18.

The final ruling is not expected until the end of this year. However, this usually follows direction given by the Court's advocate general, which is due to be delivered on July 13.

CESPA is optimistic. "The Commission strongly supported our case [at the May 18 hearing], so we are pretty hopeful," says the organisation's legal advisor David Lindsay.

● A survey by Chester and Ellesmere Port Community Health Council discovered that 57 commonly-prescribed drugs cost the NHS less than £3, 20 less than \$0.50 and two less than \$0.10. Colette McCreedy, head of public relations at the NPA, warns: "Those whose prescriptions are valued at less than \$5.25 are going to feel hard done by."

GPs argue with DoH on discount rate

Dispensing doctors have challenged the discount scale imposed by the Department of Health.

The scale is set to claw back \$8.7 million into the GP expenditure pool from an average discount of 8.03 per cent. This sees the discount scale raised from 0-7.42 per cent to 0-14.21 per cent.

While dispensing GPs have no argument with the amount to be clawed back, the scale is causing concern among those at the higher end, who are not able to obtain the level of discount implied. "The scale is not linear and gets much steeper as it goes up," says Russell Walshaw, chair-

man of General Medical Services Committee's rural practices sub-committee. "We have asked the Department to give us a more equal scale."

A more realistic discount rate would be 8-9 per cent, says former sub-committee chairman Dr Gareth Emrys-Jones.

Reformed addict can expect restoration

A former drug addict pharmacist, who was struck off the Register ten years ago for stealing from his own pharmacies to feed his habit, can expect to be restored in the New Year, the Royal Pharmaceutical Society's Statutory Committee has said.

John William Buchanan of Bradford, West Yorkshire, persuaded the Committee that he was no longer a threat to himself or the public as he had now beaten his addiction and had been drug-free for seven years.

Mr Buchanan, who registered in 1967, owns seven pharmacies in north and west Yorkshire. He added that he wished to be reinstated for mainly administrative purposes and to step in to cover staff holidays and emergencies. He has also applied for a 'return to practice course'.

Ethnic counselling goes interactive in Lewisham

Lewisham hospital pharmacy department is to pilot its new Multimedia Patient Counselling System in a local community pharmacy.

Pending a successful outcome to the one-year trial and a further \$90,000 in development funding, the system, for poor readers of English, could be available commercially by October, 1996.

The touch-screen console gives

patients written and spoken explanations of cautionary and advice labels, video instructions on how different medicines should be taken, and information on dosage, frequency and duration of therapy – all using culturally-acceptable images.

An appraisal system then assesses a patient's understanding of the counselling and prints a patient information leaflet.

With further funding, the system developer, Xanthe Computer Services, hopes to improve the images and explanations where necessary; extend the languages from English, Bengali and Turkish to Vietnamese, Indian, African, Oriental, Arabic and European languages; extend the number of dosage forms; improve information leaflet quality; and add a medicines labelling facility.

PHARMACYupdate

Drugs and the liver

The problems associated with liver and kidney disease I

Ethical dilemma

If a patient asks what her tamoxifen is for, what should you do? IV

Shingles

The long-term misery of shingles and conventional and alternative therapies VII

Hepatic and renal impact

The effects of renal and hepatic disease on concurrent drug administration can be wide-ranging, as Dr Steven Kayne MRPharmS explains

The majority of patients respond well to medicines that are prescribed for them, and side-effects are minimal, providing that they are being used sensibly, and in accordance with instructions. Counselling should ensure that this is so.

However, the position with over the counter products is rather different. OTC remedies are easily bought in a variety of retail outlets. It is likely that this wide availability leads to an impression among consumers that these products may be taken without any precautions and that they are completely safe for all individuals. This is far from the truth, of course. Some OTC preparations may be contra-indicated, especially where there is damage to a vital organ.

For example, the liver has a complex enzyme system protecting the body, detoxifying and breaking down most medicines. If this system is not functioning properly, or is not fully developed (as in a child), high levels of chemicals may accumulate in the body relatively quickly with consequent toxicity. A similar effect may result if the kidneys are unable to perform their activities correctly.

Pharmacokinetics

Although some drugs are excreted from the body unchanged in the urine, many are chemically altered within the body ('metabolised') to less lipid soluble compounds which are more easily excreted by the kidneys. This ensures that the chemicals do

not remain in the body and continue to exert their effects for extended periods.

Drug metabolism takes place in the serum, the kidneys, the intestines and the skin, in addition to its most important site, the endoplasmic reticulum of the liver, where the liver microsomal enzymes play an important role.

The following, based on a classification by Stockley¹, represents some of the ways in which drug metabolism can be modified.

● Enzyme stimulation

A feature of barbiturate prescribing, before the drug was superseded, was the necessity to steadily increase the dose for long-standing patients, because of the development of an apparent tolerance. This resulted in some people taking amounts far in excess of the recommended dose.

An explanation is provided by the fact that barbiturates increase the activity of the liver's microsomal enzymes in time, causing a corresponding increase in the rate of metabolism and excretion. If any other drugs are being

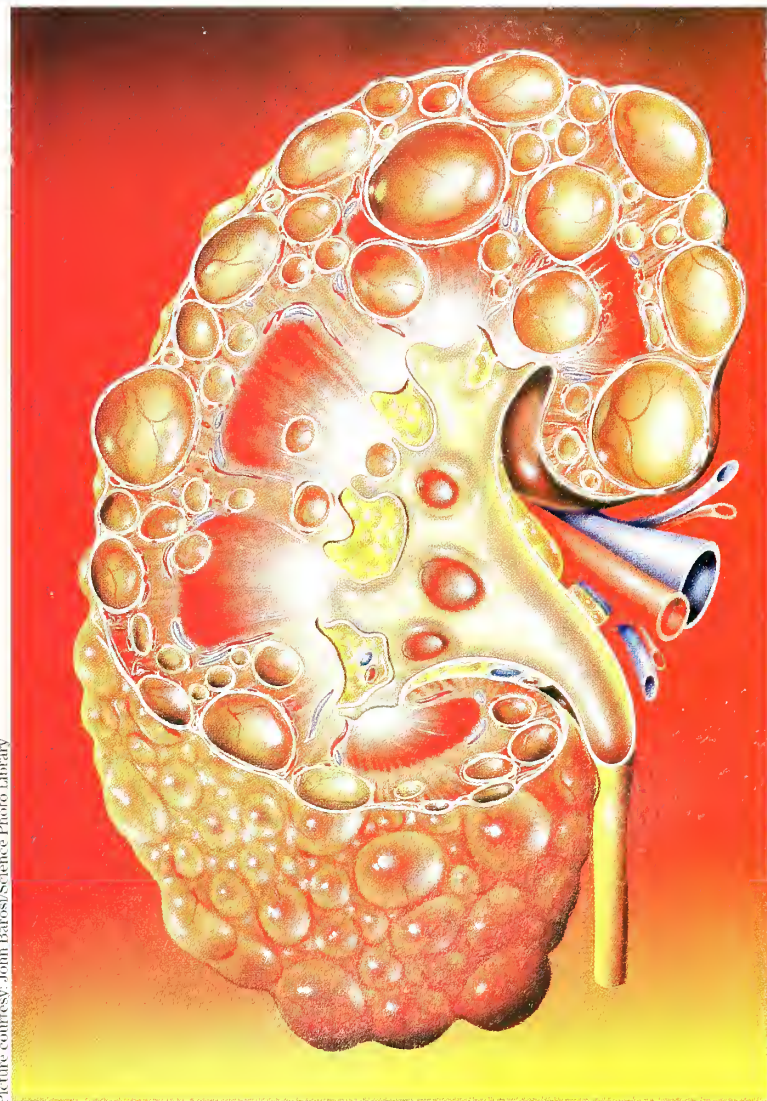
Hepatic and renal involvement

● Interaction: increased toxicity

MAOI + cheese = hypertension
Azapropazone + warfarin = bleeding

● Interaction: reduced efficacy

Antibiotics + antacids = reduced effect
Digoxin + neomycin = reduced absorption



Picture courtesy: John Barosi/Science Photo Library

Polycystic kidney – leads to chronic kidney failure

taken that normally rely on the same metabolic enzymes as the barbiturates, then their metabolism will be speeded up, too, resulting in a decreased therapeutic effect and a need for higher dosages.

The extent to which tolerance occurs and the speed of onset depends on the drug involved and its dosage.

● Enzyme inhibition:

Some drugs can retard the speed with which other drugs are metabolised by the liver's microsomal enzymes, causing a potentially-dangerous accumulation of chemicals within the body. Chloramphenicol inhibits the metabolism of phenytoin in

Continued on P11 ▶

◀ Continued from P1

this way, leading to a build-up of the drug.

Another example is the possibility of extreme hypertension which can occur if the normally protective monoamine oxidase within the intestinal wall and liver is inhibited by the presence of a MAOI-rich medicine or food.

Pharmacodynamics

● Changes in blood flow:

After absorption in the gut, drugs are transmitted to the liver by way of the portal blood system before distribution around the body. Some highly lipid soluble drugs undergo substantial transformation during passage through the liver.

It is likely that some concurrently-administered drugs can have a marked effect on this metabolism. Cimetidine, for example, can decrease hepatic blood flow, and increase the bioavailability of propranolol. Some drugs have the opposite effect and increase the hepatic blood flow, causing an increase in the rate of metabolism.

In the kidney, the flow of blood through it is partially controlled by the production of renal vasodilatory prostaglandins. Certain drugs, including indomethacin, inhibit the synthesis of these prostaglandins, with a consequent reduction in the renal excretion of other medicaments and a rise in serum levels.

● Changes in excretion:

Most drugs are excreted in either the bile or in the urine. Blood entering the kidneys along the renal arteries is delivered to the glomeruli of the tubules where molecules small enough to pass through the pores of the glomerular membrane (salts, water) are filtered through into the lumen of the tubules. Larger molecules (proteins, blood cells) are retained.

The blood flow then passes to the remaining parts of the kidney tubules where drugs and their metabolites are removed from the blood and secreted into the tubular filtrate.

Drugs which interfere with kidney tubule fluid pH and kidney blood flow can alter the excretion of other drugs.

● Changes in urinary pH:

Although a large number of drugs are either weak acids (eg paracetamol and aspirin) or weak alkalis (eg potassium citrate), in practice this does not have a significant effect on

Table 1: Problems with long-term use of OTCs

| Drug | Potential problems (long-term use with large doses) |
|---------------------|---|
| Aluminium hydroxide | Renal failure in elderly |
| Caffeine | Suspected link with renal cancer |
| Codeine | Metabolism difficult in children |
| Vitamin C | Renal calculi |

Table 2: Renal impairment, OTC drugs to avoid*

| Drug | Impact |
|---------------------|--|
| Aluminium salts | Accumulation, which can be increased by citrates in effervescent preparations |
| Aspirin | Reduction in renal function, increased risk of GI bleeding, sodium and potassium retention |
| Bismuth chelate | Avoid |
| Codeine | Increased and prolonged effect |
| Gaviscon | High sodium content |
| Magnesium salts | Increased risk of toxicity, can be rectified by reducing dose |
| NSAIDs | Reduction in renal function, sodium and potassium retention |
| Potassium salts | Avoid routine use as there is a risk of hyperkalaemia |
| Regulan | Sachets have high sodium content |
| Sodium salts | Avoid |
| Solpadeine/Solpadol | High sodium content |

*Courtesy of BNF No 29

their metabolism. Almost all drugs are metabolised in the liver to inactive products and few are excreted in the urine unchanged.

The pH of the urine has an effect on the speed with which drugs are eliminated from the body in the urine. At high levels, weakly-acid drugs are theoretically 'lost' in the urine; the converse being true for weak organic bases.

Hepatic disease

Hepatic and renal diseases have a significant impact on the plasma concentration profiles and dose requirements for a large number of drugs, including diltiazem, nifedipine and propranolol^{2,3}. An impaired function due to disease or injury will affect the way in which drugs are metabolised in the body.

Liver disease is often associated with the excessive consumption of alcohol⁴. The precise nature of the interaction is not known, but it is likely that acetaldehyde, a metabolite of alcohol, may be involved. Women are more susceptible to alcohol-related disease than men, who seem to be able to consume more alcohol for longer periods before they finally become affected.

Initially, the liver becomes filled with large fat droplets, producing the enlarged organ commonly found in heavy drinkers. This can be reversed if alcohol consumption is reduced to 'normal' limits.

Long-term heavy drinking may lead to chronic hepatitis and cirrhosis of the liver, a progressive disease that can be arrested if alcohol consumption is stopped in

time. The liver can compensate for lost function and some patients can lead normal lives.

Renal disease

The metabolism and excretion of many drugs and their pharmacologically-active metabolites depend on normal renal function. Examples are cephalosporins (may cause bleeding in patients with renal failure), digoxin and trimethoprim. Accumulation and toxicity can develop rapidly if dosages are not adjusted in patients with impaired renal function.

In addition, drugs that are not dependent on the kidneys for elimination, may exert untoward effects in the situation of advanced renal disease.

Biotransformation may also be altered by renal insufficiency, with the hepatic metabolic pathways of certain drugs being accelerated to compensate. Active or toxic metabolites of parent compounds may accumulate in patients with renal failure.

Drug elimination by the kidneys correlates with the glomerular filtration rate and can be used as one measurement on which to base adjustments to dosages in patients with renal failure.

The OTC risks

Having considered the ways in which drug metabolism in the liver and kidneys can be affected, we will now consider some specific examples involving OTC medicines.

● Risk from OTC products:

Patients who are known to have hepatic or renal problems should be advised not to self-treat under normal circumstances, and to consult their GP. It is necessary to adjust dosages carefully in such cases and to monitor the responses.

The usual precautions should be taken with nursing mothers, the elderly and infants whose ability to metabolise drugs is limited

Table 4: Examples of OTC and POM interactions

| OTC medication | Prescription drug | Effect on prescribed drug |
|----------------|--------------------------|----------------------------------|
| Aspirin | Methotrexate | Toxicity potentiated |
| Cimetidine | Theophylline | Increased theophylline level |
| Ibuprofen | Beta-blockers, diuretics | Reduced hypertensive effects. |
| Paracetamol | AZT | Possible reduced bioavailability |
| Pyridoxine | Levodopa | Increased action |
| Vitamin D | Phenytoin | Action antagonised |
| | | None, but vitamin D affected |

Table 3: Hepatic impairment: OTC drugs to avoid*

| Drug | Impact |
|-----------------|--|
| Antacids | Constipation—causing antacids can precipitate coma, sodium-containing antacids cause fluid retention |
| Anti-histamines | Can precipitate coma |
| Aspirin | Increased risk of GI bleeding |
| Cimetidine | Increased risk of confusion, can reduce dose |
| NSAIDs | Increased risk of GI bleeding, fluid retention |
| Paracetamol | Dose-related toxicity |

**Courtesy BNF No 29*

due to their immature hepatic and renal systems.

A frequent source of concern is likely to result from the misuse of analgesics where customers buy more than one product, duplicating the effect of a prescribed drug without realising that they all contain the same active ingredient.

Paracetamol is a good example of such a drug, as it is potentially hepatotoxic. The half-life of paracetamol ranges from two to four hours in healthy adults, and does not appear to be significantly longer in children, though there is prolongation in infant⁵. The metabolic pathways are said to be different in infants, older children and adults, and this has implications in the relative toxicities of the drug. Twenty or more 500mg tablets intentionally ingested is likely to lead to hepatic damage.

The generally accepted mechanism for the toxic reaction is that the defence mechanisms of the liver are overwhelmed. As a result, minor metabolic pathways participate much more actively than normal, producing toxic metabolites.

Although there have been few cases of unintentional paracetamol poisoning at therapeutic levels, patients should be advised against long-term treatment and exceeding the normal recommended dose.

Other possible problems caused by taking large doses of OTC preparations over lengthy periods are summarised in Table 1. Tables 2 and 3 cover those OTC products best avoided in hepatic and renal impairment.

There are also some potentially toxic herbal remedies available OTC. Remedies such as *Senecio* (ragwort), *Symphytum* (comfrey or knitbone) and *Viscum album* (mistletoe) can

all be hepatotoxic if taken in high doses over extended periods. Comfrey herb has now been withdrawn from sale for this reason.

- **Interaction between OTC products and prescribed drugs:**

Examples of potential drug interactions via hepatic and renal pathways involving common OTC and prescription medicines are summarised in Table 4.

It is important that patients seeking advice are questioned closely as to their existing medication especially if PMRs are not available.

● **Interaction between OTC medicines:**

Generally speaking, interactions between OTC medicines are not clinically significant.

Concurrent administration of food or aspirin while taking ibuprofen depresses the serum content by about a third. Antacids do not seem to affect the pharmacokinetics of ibuprofen, although if a patient complains of loss of efficacy, an interaction might be suspected.

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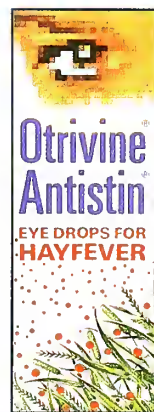
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Ophthalmics

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Ethical dilemma

What does a pharmacist do when a patient asks what their medication is for – especially if the drug in question is for a grave complaint? Catherine Duggan, research pharmacist at the Centre for Pharmacy Practice, examines the potential difficulties with a prescription for tamoxifen

A woman in her late forties enters the pharmacy and hands over a prescription to be dispensed. The pharmacist duly dispenses 30 Tamoxifen 10mg tablets.

The woman asks the pharmacist what the tablets are given for and what possible side-effects she can expect from taking them. The pharmacist establishes that the woman is apprehensive and has not been told by her doctor about the drug's indications.

The dilemma is clear: should the pharmacist tell the woman what tamoxifen is for, risk upsetting her and causing distress about the diagnosis, or not tell her anything and refer her back to her GP?

The main consideration in a situation such as this is that there are no clear rights or wrongs: it is simply a matter of professional judgment.

Tamoxifen

Tamoxifen is a non-steroidal anti-oestrogen, generally given at doses of 20mg daily to post-menopausal women with metastatic disease. It is also increasingly used as a first-line treatment for pre-menopausal women and for treating anovulatory infertility.

If the patient is to receive the drug for the treatment of infertility, they may well have some prior knowledge about it, as the decision to seek treatment would be an active one.

Tamoxifen is increasingly

used as an adjuvant treatment for pre-menopausal women with early breast cancer.

Adverse effects from tamoxifen are divided into:

- those due to its anti-oestrogenic actions (hot flushes, vaginal bleeding, vaginal discharge and pruritus vulvae)
- more generalised effects (gastro-intestinal intolerance, tumour flare, light headedness, skin rash and, occasionally, fluid retention and alopecia).

The decision to inform the patient of these adverse effects must be based on the

knowledge the patient already has about the drug and their condition.

The ways in which patients make decisions about adhering to therapy are based on the complexity of the regime, the benefits of taking the drug and the balance of possible adverse effects that may be experienced.

If the patient knows exclusively about the side-effects, yet is not clear about the indication, it may affect whether they are adherent or not. This is a professional decision and requires a high level of skill from the

pharmacist to deliver the appropriate information.

Tell the patient

The dilemma is complex since it is not only the actual information to be given, but also how best to relate this to the patient while accounting for the potential anxiety associated with the drug indication. The pharmacist must assess the situation appropriately and address the matter with the care that it deserves.

The pharmacology of the

Continued on PVI ►



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◀ Continued from PIV

drug seems an appropriate place to start. The next hurdle is dealing with the possible indications and the patient's reaction to that. This should be approached with sensitivity to the patient and with respect for other professionals involved. This may best be achieved by keeping the information clear, concise and simple.

The patient should be informed of professionals who can further advise her and of places where she can receive support should she feel she requires it. The product comes with a patient information leaflet which can best be used as a back-up in such situations.

Another point for concern arises with the issue of adverse effects: how much does the pharmacist tell the patient about these? Again, this is a professional consideration.

Knowledge of too many adverse effects may well be alarming, especially when the patient knew nothing about this drug beforehand. To give some basic facts and tell the patient where to receive additional advice or to come back with any further

questions, may be the most appropriate approach.

Refer back to GP

The pharmacist may feel it is outside his or her remit to disclose this kind of sensitive information, especially without all the facts about the woman's condition.

Rather than give the information, the pharmacist may refer the patient back to the GP believing it to be the doctor's role to tell her about her condition. In this case, the pharmacist must allay all fears she may have. This is made doubly difficult if the patient knows nothing about her diagnosis; at best she may be alarmed at this approach.

The justification of this position is negated somewhat by the availability of in-pack information leaflets which patients can use to back up other knowledge.

If verbal advice has not been given before the patient reads the PIL, this information could be seen as alarming. The pharmacist has a responsibility to the patient as far as giving advice on the safe and appropriate use of their medicines. In this case, the remit may extend to giving advice on what the drug is being used for.

The Patient's Charter states that the patient "has the right to have any proposed treatment, including any risks involved in that treatment and any alternatives clearly explained before deciding whether to agree to it". This must be taken into account by the pharmacist when choosing whether or not to disclose this information.

Society's view

In the situation described, the Royal Pharmaceutical Society would not recommend any one particular course of action. This is a professional dilemma and is ultimately down to the individual pharmacist to deal with.

The Medicines Ethics and Practice Guide now has a section on standards of good practice for hospital pharmacy, and points out under the principles for good pharmaceutical care that "patients and, where appropriate, their carers, should be empowered to make informed choices about their care and particularly the planning of that care".

This implies the role of the pharmacist now includes the facilitation of patient's knowledge of their therapy and diagnosis, and should be

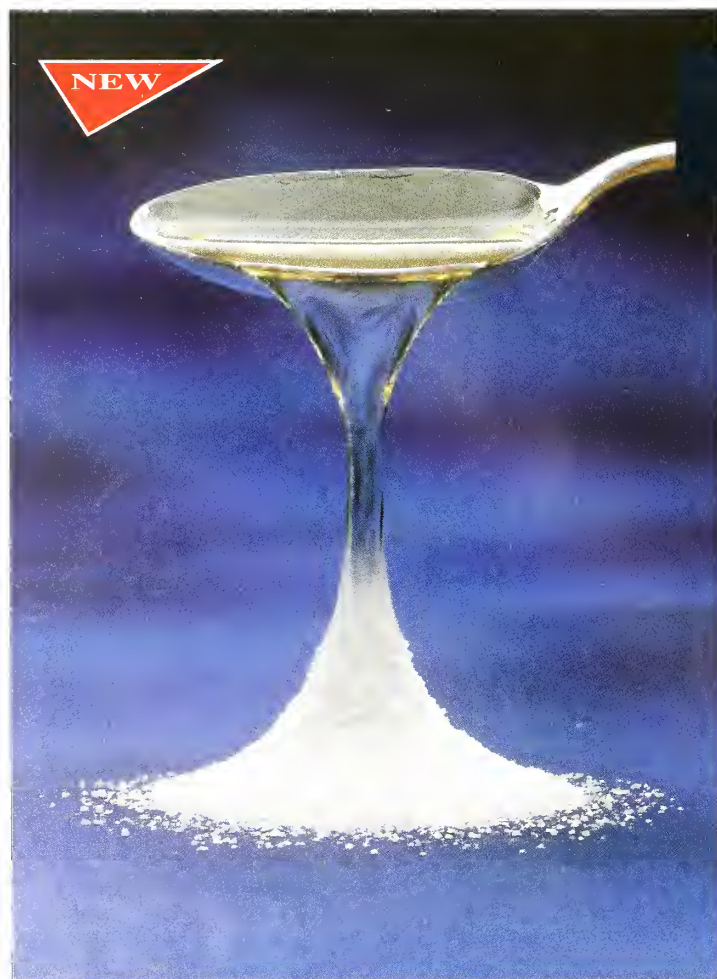
extended across the profession where appropriate, not isolated to hospitals.

If the pharmacist has divulged what the patient perceives as too much information, this may result in undue worry and stress. Conversely, if the pharmacist gives too little information, the patient may well look elsewhere, eg the local library or through hearsay.

Such information may be inaccurate or improperly understood and therefore even more alarming, especially in the light of the pharmacist's refusal to divulge anything. This again may cause undue worry and stress to the patient and her family.

Either approach may result in a complaint from the patient or her GP and inappropriate behaviour may have to be justified at a later date.

In such situations, the Society recommends that the pharmacist initially establishes what the patient knows about her diagnosis and her knowledge level. The pharmacist should become familiar with the PIL, and use the level of information there as a guideline when communicating the facts on how the drug works.



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Burning ring of fire

Most people make the connection between shingles and chickenpox, though they may not know that the same virus is responsible for both complaints.

Beyond that, explains Marianne Mac Donald, there exists a boundary of misconception

A red hot burning poker in the ear and up the nose. Like being scalded then sandpapered. Like biting into ice-cream with a mouthful of exposed nerves.¹

All of the above are patients' descriptions of the ferocity of shingles pain, a sensation that leads the Danish to call it 'hellfire', while the Norwegians dub it a 'belt of roses from hell'.

Aetiology

Shingles is caused by the varicella-zoster virus, the most infectious of all the herpes viruses. It causes the primary infection chickenpox, usually in children under ten, thereafter becoming latent in sensory and

Only 20 per cent of those carrying the herpes virus will develop shingles

motor nerve ganglion. At a later date, the virus reactivates, appearing as zoster (shingles).

Although 90 per cent of the population will carry the virus in its latent form, only 20 per cent will subsequently develop shingles, affecting around 250,000 people each year in the UK. While this is clearly documented, less well understood is what prompts viral reactivation.

What is known is that zoster prevalence increases with age, around 50 per cent of patients aged over 85 experience shingles. This has been



attributed to the disappearance of viral antibodies postulated to circulate for 40 years post initial infection².

Those with compromised immune systems (HIV/AIDS patients, severe burns or eczema, receiving cancer chemotherapy or undergoing organ transplantation) or underlying malignancy (eg leukaemia and lymphoma) are

also prone to attack as a consequence of 'overpowering' by the ganglion virus.

In 38 per cent of cases, physical trauma to the dermatome (area of skin supplied by nerve fibres from a single posterior route) is the most common cause of reactivation². This trauma has been known to be triggered by ultra-violet light.

Another pre-disposing factor has proved to be psychological trauma.

A recent study has highlighted the impact of race on shingles prevalence, with whites four times more likely to develop shingles than black patients. This is thought to be a result of genetic biological differences in zoster development

Symptoms

The prodromal zoster phase, before the characteristic shingles rash appears, can last for several days with the patient experiencing tingling pain and preliminary hyperaesthesia (sensitivity). The pain may be so severe that the pharmacist is consulted before the rash even appears.

The rash develops within 48-72 hours and is confined to the dermatome where viral eruption occurs. In general, it is most common on the trunk, where there is the greatest concentration of dermatomes; and unilateral, confined to only one side of the body. Despite its 'belt of roses from hell' definition, shingles never travels right round the whole body.

On the trunk the most likely rash region is the thoracic area, although it can also occur in the cervical, lumbar and sacral regions.

Occasionally, the cranial region is affected, usually via the trigeminal nerve. The forehead is the most likely rash scene as it has the greatest exposure to physical trauma².

After around five days, the rash gives way to blistering. Vesicles will scab and heal within a further 12 days.

Continued on PVIII ►

◀ Continued from PVII

Accompanying this process is significant pain, which, unfortunately, lingers beyond the acute attack as post-herpetic pain.

Complications

The most common complication is secondary bacterial infection of the rash which requires antibiotic therapy. *Staphylococci* are the usual culprits. Otherwise, the nature of the complication depends on the rash location.

- **Ophthalmic** – herpes ophthalmicus arises when the trigeminal branch of the cranial nerve is affected and affects anything between 20-70 per cent of patients¹.

This manifests mainly as oedema causing the eye to close, conjunctivitis and occasional keratitis. Optic neuritis is very rare².

- **Sacral zoster** – shingles of the second portion of the sacral nerve can cause acute urinary retention and constipation.

- **Motor zoster** – this is usually seen in the face where the nerve is swollen causing paralysis. Recovery is good, albeit slow.

- **Zoster encephalomyelitis** – once the virus moves from the nerve ganglia into the bloodstream (visceral or cutaneous dissemination), more severe problems can occur, such as encephalitis, meningitis and pneumonitis. This is more common in immunocompromised patients.

- **Purpura fulminans** – a rare, severe, usually fatal non-thrombocytopenic haemorrhagic manifestation caused by extravasation of blood and accompanied by tissue necrosis.

Treatment

Treatment is divided into three types: topical relief, anti-viral therapy and pain management.

- **Topical relief** applied to rash lesions may help sufferers cope with shingles pain. This can take the form of bathing with cold compresses; applying calamine lotion or the counter-irritant capsaicin three to four times daily once lesions have healed.

According to the Herpes Viruses Association, scented soaps and bath oils should not be used as these delay the healing process⁴.

Anti-histamines given orally may help minimise itching, as can hydrocortisone cream 1 per cent, although care must be taken with the latter not to use it on broken skin. Local anaesthetics will also ease pain.

- **Anti-viral therapy** initiated, ideally, within 72 hours of rash

onset, is the best method of managing shingles, hence rapid and accurate diagnosis is crucial to prognosis. Early initiation also reduces the duration and severity of post-herpetic neuralgia.

Anti-virals inhibit viral replication within the ganglia and, as such, reduce the severity of a zoster attack, minimising tissue damage.

Topically, the only anti-viral used is idoxuridine in the form of a 5 per cent paint, dissolved in DMSO (dimethyl sulphoxide) to penetrate the skin. It is applied to the rash four times daily for four days. It is contraindicated in pregnancy and lactation and should be used

PHN affects around 100,000 people each year in the UK

with caution around the eyes and mucous membranes. Over-use can cause skin maceration and patients should be made aware that they may experience a distinctive taste during treatment.

Systemically, there are currently three anti-virals licensed for shingles use in the UK: aciclovir, famciclovir and valciclovir.

- Aciclovir is a synthetic purine nucleoside analogue which interferes with viral DNA polymerase via the enzyme thymidine kinase (TK). TK does not use aciclovir as a substrate if present in normal cells.

However, aciclovir has poor oral bioavailability, leading to a five times daily dosage regimen. To complicate matters, it also causes variable plasma levels which has resulted in a reduced effect on post-herpetic neuralgia.

There are no contra-indications, although caution is advised in pregnancy and lactation. Side-effects include skin rashes, gastro-intestinal disturbances; and CNS effects, such as dizziness, confusion, hallucinations and insomnia.

- Famciclovir has a similar mode of action to aciclovir, although thanks to a longer plasma half-life, dosage is reduced to a thrice-daily regimen.

Its manufacturer, Smithkline Beecham, says famciclovir gives faster zoster-associated pain relief than aciclovir, if initiated within 48 hours of rash onset. Beyond this stage there is no clinical difference between the products.

Again, use in pregnancy and lactation is not recommended,

although the side-effect profile is better than aciclovir: mild to moderate headache and nausea.

- Valciclovir is the newest anti-viral, an L-valyl ester of aciclovir to which it converts in the body. It has the advantage of a higher bioavailability over aciclovir and, hence, a thrice-daily dosage schedule.

Studies show that aciclovir's bioavailability following valciclovir administration is around 54 per cent; three to five times higher than that achieved with aciclovir administration. This also circumvents aciclovir's difficulty in relieving post-herpetic pain; acute and chronic pain is alleviated 34 per cent

faster, and the incidence of post-herpetic pain after six months was reduced by 23 per cent.

However, the side-effect profile is similar to aciclovir.

Pain management

Acute pain management depends on the intensity of pain experienced: some may find simple analgesics, such as aspirin, ibuprofen and paracetamol, sufficient, while others may require opiates. Ultrasound is sometimes effective at this stage, particularly for cranial shingles⁴.

The chronic phase of zoster-related pain arises as a result of continual nerve irritation following the initial attack – it is not a recurrence. However, it can persist for anything from several months to, less commonly, several years.

The pain may range from mild irritation to deep, intense pain accompanied by skin hypersensitivity. This may be alleviated by wearing light clothes and wrapping the affected part in clingfilm⁴.

There is dispute as to how long pain is borne before it is defined as post-herpetic. Some American doctors have proposed the following classification:

- acute herpetic neuralgia is pain that occurs during the 30 days after rash onset
- sub-acute herpetic neuralgia is pain that continues after the acute phase but resolves within a further three months
- post-herpetic neuralgia (PHN) is defined as pain that persists beyond four months of rash onset⁵.

PHN affects around 100,000 people each year in the UK. Nearly 50 per cent of patients over 60 years suffer from PHN, with the percentage with PHN

Anti-viral therapy

Aciclovir: one 800mg tablet five times daily for one week

Famciclovir: one 250mg tablet three times daily for one week

Valciclovir: two 500mg tablets three times daily for one week

directly proportional to age at the time of attack¹.

One factor in the length of PHN duration is when treatment begins. The Herpes Viruses Association says 90 per cent of PHN cases recover, provided treatment begins in the first three months. Some two-thirds of sufferers whose treatment begins more than nine months after the initial shingles rash appeared do not lose their pain completely⁴.

Simple analgesics are of little use in PHN, although codeine, taken in conjunction with food, can help.

Tricyclic anti-depressants are the most effective treatment, in the main, amitriptyline and desipramine, although a 'ceiling effect' has been noted. Amitriptyline is given as 25mg a day in patients under 65 and as 10mg daily in elderly or frail patients⁶. The benefit is seen within several days and should be taken for a prolonged period, with the option to increase the dose during flare-ups. Therapy should be continued for one to three months after pain cessation⁴.

Alternative options

Patients may find relief in complementary therapies. Relaxation techniques have been advocated as some patients find pain diminishes upon drowsiness; hypnotherapy has similarly been used.

The most popular option seems to be Transcutaneous Electrical Nerve Stimulation (TENS) which uses electrical impulses to shut down pain signals. Acupuncture is said to be of little benefit in PHN.

For more information on this, and many other aspects of shingles, contact: The Herpes Viruses Association, 41 North Road, London N7 9DP. Tel: 0171 609 9061.

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- 5 R H Dworkin, R K Portenoy, *The Lancet* 1994; 343;1648
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A BREAKTHROUGH IN PAIN RELIEF

What a relief!

The demand for analgesics continues to grow, showing an almost 9 per cent increase in the last 12 months. Maria Murray reports

Analgesics is the single largest OTC category with sales worth an estimated \$191.5 million up to April, 1995. Oral analgesics account for \$147.4m of this, with topical treatments making up \$22.5m and paediatrics \$21.7m. The market has doubled in value since 1982 and is expected to grow in real terms by up to 30 per cent by the year 2000.

In a report on the sector, Mintel identified the most important factor in demand for analgesics as the incidence of ailments for which they may be used. Between 1985 and 1993 the proportion of adults claiming to suffer from migraine, flu and arthritis has increased by more than four per cent.

Demographic trends in the UK also favour growth in the market

with an increasing number of older people – an increase of 24 per cent is predicted between 1987 and 1997.

Recent new product development has focused on two areas, increasing the strength of OTC formulations and improving the product format to make it easier to swallow.

DISTRIBUTION

Distribution of analgesics is still dominated by pharmacy outlets. However, this is starting to change with a growing trend towards one-stop shopping. Supermarkets have responded by expanding their in-store pharmacies and increasing shelf space for GSL products.

Market analyst Mintel says it is likely that unbranded generics will become more important as they are likely to meet consumers' demands for efficacy. In order to provide manufacturers with the widest retail base for their brands, the emphasis in new product development will be on developing formulations which provide strong pain relief in a GSL format. However, the report says the dominance of pharmacy outlets will continue, fed by POM to P switches.

Advances in medical research will lead to the use of analgesic active ingredients in other areas of medicine. A study, published in 1994, confirmed their benefits in patients vulnerable to heart attack.

Although it is difficult to forecast the market, Mintel predicts analgesics will see a 15 per cent growth to almost \$223m by 1998.

PLUS POWER

Louise Goddard, Nurofen product manager, believes the trend towards stronger analgesics is due to increased familiarity with symptoms, more sophisticated consumers with greater product knowledge, changing lifestyles with increased levels of stress, and the ageing population.

Crookes Healthcare responded to the trend with the launch in January of Nurofen Plus. The unique combination of ibuprofen (200mg) and codeine (12.5mg, the maximum dose allowed for self-medication) is specially formu-

lated for painful conditions requiring more powerful relief, such as migraine, tension headaches, dental pain, cramping period pain, sciatica, lumbago, neuralgia and rheumatic pain.

Support for the launch included nationwide TV advertising, emphasising the dual action relief. A total spend of \$9m is planned for Nurofen during 1995.

ROCHE RANGE

Richard Hollies, group product manager at Roche Consumer Health, agrees that "there is a definite move towards stronger analgesics, and Paracodol is ideally positioned to take advantage of this trend". Promotional support for the product during 1995 will mainly target tension headache and dental pain. The public relations campaign includes stress pack sampling offers across the women's press, and the development of consumer literature and promotions.

Although there has been considerable growth in own-label analgesics, Mr Hollies says there is now a levelling off. He believes sales of strong brand names, such as Paracodol and Aspro, have not been seriously affected because they have provided the consumer with information which is the key to choice.

Femina, "probably the most clearly-targeted product in the analgesic marketplace", recently had a major pack relaunch. The new pack is designed to appeal to women of all ages. Previously, marketing support was targeted at young girls, but now the PR and advertising are aimed at a broader age group.

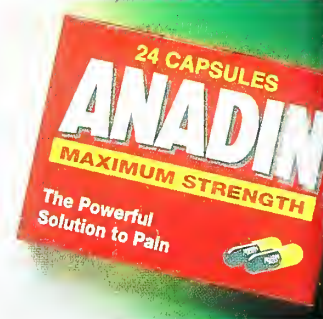
"Aspro products are perfectly positioned to capitalise on the recent aspirin renaissance," says Mr Hollies. New packaging has been introduced to increase on-shelf impact and emphasise the segmentation of the mild to moderate and maximum-strength products. Roche will be running special promotions on the Aspro range during September and October.

GSL DISPLAY

According to Whitehall Laboratories, the analgesics market is currently showing a split of 72 per



Migraleve: £3m support package



Anadin Maximum Strength



Build business with Veganin



Syndol targets tension headaches



Paracodol 'ideally positioned' to take advantage of market trends



cent in pharmacy (including Boots) with the remaining 28 per cent in grocery.

The company estimates that it holds a 32 per cent share of the GSL market within pharmacy with the Anadin range. Research carried out by the Pharmaceutical Association of Great Britain and the National Pharmaceutical Association has confirmed that putting GSL medicines on open display increases sales without adversely affecting sales of P products.

As a result, the NPA and PAGB have produced a merchandising training guide, sponsored by Whitehall. A total of 8,000 guides will be distributed direct to community pharmacies by Whitehall's field force. Additional copies will be available free of charge through the NPA and the PAGB.

During 1995, Whitehall will be supporting the Anadin range with an advertising campaign costing over \$2m.

Over the last few months, the company has repackaged Anadin Maximum Strength and Anadin Extra to increase their on-shelf impact and, in the case of Anadin Extra, included the names of the active ingredients (paracetamol and aspirin) on the front and back of the pack.

As part of an on-going educational programme, Whitehall has also produced an 'Accident & Emergency' wall chart. It has been produced and distributed in collaboration with the British Association for Accident and Emergency Medicine, and details the different Anadin products available.

TACKLING TENSION

Sales of Syndol, specifically positioned for tension headaches, have increased by 20 per cent over the last year, says Marion Merrell Dow. However, a national headache survey, conducted by Gallup for MMD, found that less than a third of the 19 million tension headache sufferers in the UK use the term to describe their condition.

Karen Brimson, group product

manager at the company, says: "The survey demonstrates that many sufferers are not aware that their symptoms are tension headache, so there is a need for educational material to explain the condition."

As part of its own continuing educational campaign, Marion Merrell Dow has produced a new consumer booklet, 'Understanding headaches'. A pharmacy assistants' training pack is also available.

Consumer support for Syndol will continue throughout the year, with an advertising campaign in women's magazines running from September. A range of POS material for the pharmacy complements this.

MIGRAINE MISERY

Pfizer Consumer Healthcare says Migrave is the most-prescribed first-line treatment for migraine, is the first-choice migraine treatment among 15 per cent of GPs and has maintained a 20 per cent share of the growing prescription market. Sales have increased by 5 per cent for each year since 1991, and the brand now holds a 6 per cent value share of the analgesics market.

Migrave was developed by Henry Wild, a research pharmacist, who is himself a migraine sufferer.

Pfizer is supporting Migrave during 1995 with a \$3m package. A \$350,000 consumer advertising campaign will appear during June and July, with advertisements running in the national press, as well as in major women's weeklies. The company expects the campaign to reach more than 68 per cent of all migraine sufferers an average of 6.6 times.

It also recommends displaying Migrave stock in the forward sales area, as independent research has shown that sales of the product can be increased by more than 50 per cent if displayed in this manner.

Roche is repackaging Femi-graine, its migraine product, as, according to Mr Hollies, its benefits have been undersold. The company intends to build the brand over the next 12-18 months.

SB/STERLING MERGER

Smithkline Beecham and Sterling Health were merged in April this year following the purchase of the latter by SB Corporation last August. SB has no plans to sell off any of its newly-acquired OTC brands, such as Panadol or Solpadeine. The company says, in total, its products account for one-quarter of the market in volume terms. It agrees that there is a move towards stronger products, particularly in pharmacy, with these accounting for 62 per



Nurofen Plus was launched by Crookes Healthcare in January

cent of the market. SB predicts further polarisation of the market between the major, well-supported brand names, such as Panadol and Solpadeine, and generic competition.

VEGANIN ADVICE

Veganin, an established Pharmacy-only brand, is benefiting from the two biggest trends in the consumer analgesic market: stronger formulations and combination brands. Warner Wellcome says by recommending a Pharmacy-only brand, such as Veganin, the pharmacist is helping to build business with the likelihood of repeat purchases.

Support for the brand during the coming year includes new point of sale material and below the line activity.

SETON SUCCESS

Seton Healthcare reported annual sales in excess of \$1.5m, representing a 142 per cent year on year growth for its Cuprofen range. In February, 1995, Cuprofen 400mg Maximum Strength 48-pack was introduced in response to customer demand in community pharmacies.

PHORPAIN POWER

Goldshield Healthcare has produced a new range of Phorpain Double Strength POS material, which reinforces the brand's message to consumers: 'Double the power to beat pain'.

● Mintel's Market Intelligence Report on the analgesics market costs \$345 and is available from: **Mintel International Group, 18-19 Long Lane, London EC1A**

Natural action

● 3M Health Care has launched a new range of cold/hot pack treatments for sports people as well as arthritis and rheumatism sufferers. The Coldhot Pack (£4.99) can be heated in water or a microwave, or cooled in a fridge or freezer. It is designed for use in the home.

Cold Instant (£1.99) and Cold Instant Plus (£5.99) for on the spot treatment of sports injuries are said to become ice cold in seconds.

The reusable Hot Pack (£3.99), with an insulated layer on one side, is specifically recommended for sufferers of the aches and pains of arthritis, stiffness, tension and cramps.

● Copperplast, from the Fast Aid range, is a transdermal patch containing copper, which has been developed by Robinson Healthcare for rheumatism and arthritis sufferers.

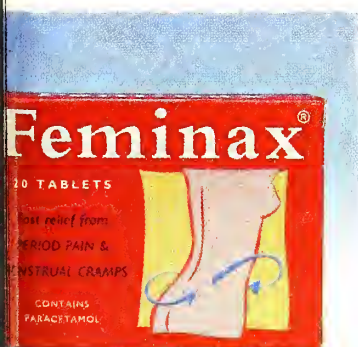
Copper bracelets and bands have been used by these groups for years. Now research carried out in Australia has confirmed that placing copper next to the skin is beneficial. The Copperplast patches can be applied directly to any part of the body and should be replaced every seven days. The patches are available in packs of eight, retailing at around £1.99.

● The Fast Aid range also includes Relief-Xtra, a remedy for aches and pains based on magnets, a form of therapy used by the Chinese and Ancient Egyptians. Magnet therapy is believed to increase blood flow, relax muscle or tissue and reduce pain.

Relief-Xtra small circular plasters are applied to the affected area. Each disc can be worn for seven days. A box of ten retails at £3.25.

● Potter's Anased is a traditional herbal remedy for minor aches and pains containing *piscidia erythrina* (Jamaica dogwood) and *lactuca* (wild lettuce). Both these herbs are reputed to have mild analgesic action and have been used for years by consulting herbalists to dull persistent aches, such as toothache. Another ingredient, *pulsatilla* (pasque flower), is also considered to have analgesic action as well as a sedative effect.

The manufacturer recommends that Anased should be taken for one or two days and if symptoms persist the patient should seek medical advice. Anased tablets are available in packs of 50 (£3.49) or 100 tablets (£5.59).



The new Feminax pack: designed to appeal to women of all ages



Aspro is positioned to capitalise on the aspirin renaissance

Topical times

The topical analgesics market has shown considerable growth recently, fuelled in the main by the rash of POM to P switches of non-steroidal anti-inflammatory products (NSAIDs)

The market for topical analgesics is now estimated to be \$22.5 million (Nielsen). It has shown an annual growth of over 40 per cent, largely due to the POM to P switches of topical non-steroidal anti-inflammatories. The consumer profile is very varied, ranging from sports enthusiasts with sprains and strains to the elderly suffering chronic arthritic and rheumatic pain.

RADIAN-B RELIEF

Richard Hollies, group product manager for Roche Consumer Health, comments: "The introduction of topical NSAIDs has grown the total topical market and attracted more consumers into pharmacies."

The Radian-B range has a broad user profile, with a surprising number of young consumers. "These are often introduced to the range via the mineral bath," explains Mr Hollies.

Although Radian-B has a strong presence in pharmacy, it is also the leading topical analgesic in the grocery sector, and Mr Hollies believes, therefore, that there needs to be greater self-selection availability.

Support for the range includes



Radian-B: a £1m spend on television advertising



Quool menthol patches can be applied to shoulders

a \$1m spend on its first-ever national TV advertising.

ORUVAIL SHARE

Rhone-Poulenc Rorer says its Oruvail (ketoprofen) gel holds a 25 per cent share of the NSAID's sector.

The company is supporting the brand with a high-profile consumer public relations programme and in-store support. The gel is now supplied in display outers of ten, which Kevan Gill, marketing manager for Oruvail gel, says will ensure even greater visibility on-shelf. New show-cards are also available as a reinforcement to RPR's on-going promotional activities. Respondents to a series of reader offers in national women's magazines and regional newspapers will receive a copy of a 'Managing muscle pain' booklet.

Pharmacists receive a 33.4 per cent net cash profit on Oruvail gel (30g), which RPR says is the biggest-ever margin for an NSAID gel.

CFC-FREE

Crookes Healthcare has relaunched its PR Freeze Spray with a more environmentally-friendly formulation and pack. The new spray is CFC-free and presented in an aluminium can with an improved nozzle. The company is supporting the

relaunch with national consumer advertising and PR activity, a pharmacy/sales assistants' training module and point of sale material.

According to marketing manager for PR Sprays Andy Ports-mouth, "Innovation has fuelled the growth of the UK's topical analgesic market, and intensive research and development has resulted in a new PR Freeze variant that not only offers the consumer clear benefits but also addresses trade concerns over the original formulation."

SPRAY AWAY

Earlier this year, Dendron added a spray to its Ibuleve (ibuprofen) range. The spray (35ml, \$4.75), which works when held in an upright or upside-down position, is designed for easier application to less accessible areas of the body, such as the lower back and shoulders. Each spray gives a metered dose of 0.2ml.

A ten-second dedicated advertising campaign for Ibuleve and Ibuleve Spray, costing \$500,000, is currently on national TV.

ARTHRITIS-SPECIFIC

Moveat Cream (100g, \$7.30) is the only OTC product specifically indicated for the relief of mild to moderate arthritis. Although Moveat Cream and gel have been P medicines for several years,

Top five brands

The top five brands in the topical analgesics market are:

1. Ibuleve
2. Deep Heat
3. Ralgex
4. Radian-B
5. PR Freeze

(Taylor Nelson AGB)



New display outers for Oruvail

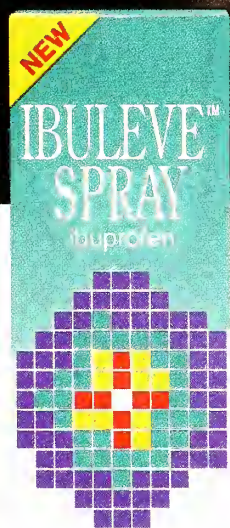
until now Panpharma has not actively promoted them as OTC products. Moveat Cream was repackaged in March and the company is spending \$2m on national TV and press advertising for the product.

QUOOL CUSTOMERS

An innovative product in this market is Quool, a menthol patch from Allmi-Care (tel: 0115 924 3533) for the relief of muscular discomfort. The locally-acting patch, which contains menthol in a polymer gel, is placed directly on the skin where it is said to have a soothing and cooling effect. Its stretchable non-woven polyester backing allows it to be applied to muscles and joints, such as the elbows, knees, shoulders and feet. The patch should be changed twice daily and removed before bathing.

Quool patches should not be used on sensitive skin, in patients suffering from eczema or other skin conditions or in children under 12 years of age.

A resealable sachet, containing six patches, retails at \$4.70.



FOR THE RELIEF OF
BACKACHE, RHEUMATIC
AND MUSCULAR PAIN,
SPRAINS AND STRAINS.
REDUCES SWELLING
AND INFLAMMATION.

Apply directly
to the point of pain



Now the painkilling power of Ibuleve is also harnessed in a convenient pump action spray.

New Ibuleve Spray makes it even easier for sufferers of backache, rheumatic and muscular aches, pains and strains to reach those more inaccessible areas.

New Ibuleve Spray. More choice for
your customers. More sales for you.
More innovation from the brand leader.



PAIN RELIEF WITHOUT PILLS—FOR THOSE HARD TO REACH AREAS

IBULEVE Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD1 7JJ. **Active Ingredient:** ibuprofen BP 5.0% w/w. **Directions:** Apply 5 – 10 sprays (1 to 2 ml) and massage into skin over and around the painful site. Wash hands after use. Repeat 3 to 4 times daily. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. **Precautions:** If symptoms persist for more than a few weeks, consult a doctor. Not recommended for children under 14 years. Patients with an active peptic ulcer or a history of kidney problems, asthma or aspirin sensitivity should seek medical advice before using IBULEVE SPRAY. Keep away from broken skin, lips and eyes. Not to be used during pregnancy or lactation. Keep all medicines out of the reach of children. Flammable. Do not use if sensitive to any of the ingredients. **FOR EXTERNAL USE ONLY.** **Legal category:** P PL 0173/0160, **Packs:** 35 ml, RSP £4.75 inc VAT (£4.04 net).



Medinol is the new name for Cupanol



Crookes Healthcare has taken over responsibility for Junifen

Growing pains

The key to paediatric analgesics sales appears to lie with the over six years old category of the market, where the annual growth rate is almost twice that of the under sixes

Anual sales of paediatric analgesics amount to \$21.7 million and have shown an annual growth of nearly 10 per cent.

According to Mike Hayday, group product manager at Warner Wellcome, the market can be split into two: under six and over six years of age. "The over-six market has shown annual growth of almost twice that of the under sixes. This is because the latter sector is saturated and promotional activity has been heavier in the older category where mothers may use smaller doses of adult analgesics."

Since September, Calpol Six Plus has been available in a colour- and sugar-free variant which now accounts for almost half the sales of Calpol among the over sixes.

The company recently introduced a new tamper-evident and child-resistant closure specifically designed for use with sticky liquid preparations such as

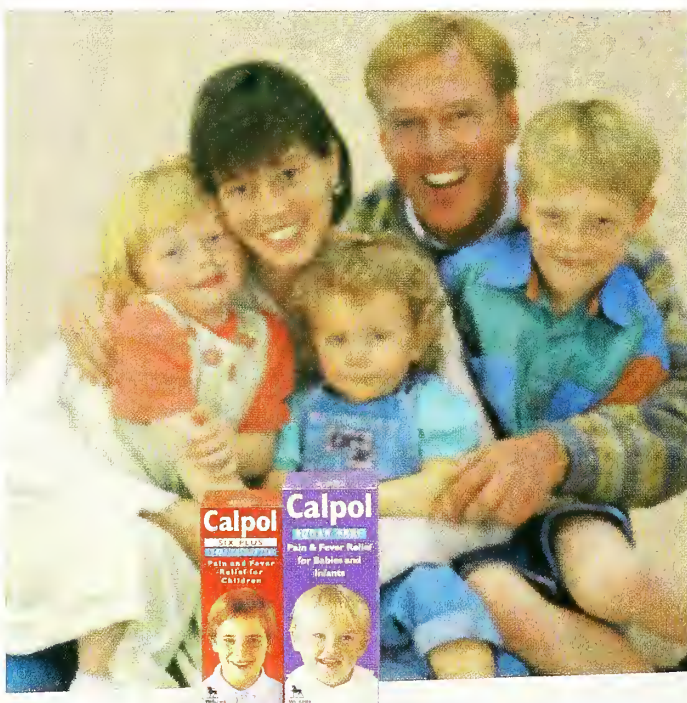
Calpol. An added advantage of this is that it has a separate opening aid for use by the elderly or arthritic.

JUNIFEN

Crookes Healthcare now has responsibility for the prescription and OTC presentations of Junifen. The paediatric market for analgesics is still dominated by paracetamol suspensions, and Junifen has the disadvantage of being licensed for use in children over 12 months, whereas most paracetamol products can be used in those aged two to three months.

CUPANOL RENAMED

Cupanol paracetamol suspension has been renamed Medinol to highlight closer alignment with the Medised brand. The formulation of Medinol is identical to Cupanol and Seton Healthcare is publicising the renaming of the product with a promotional campaign to both consumers and healthcare professionals.



Calpol and Calpol Plus are both now available in colour- and sugar-free variants

Prescription power

Two innovative products have recently been added to the range of prescription-only analgesics.

Durogesic is a transdermal patch from Janssen which delivers the opioid analgesic fentanyl from a drug reservoir over a period of 72 hours. It is indicated for the management of chronic intractable pain due to cancer. Durogesic is available in four strengths, delivering approximately 25, 50, 75 or 100mcg of fentanyl per hour. It is classified as a Schedule 2 Controlled Drug.

Zydol (tramadol), a centrally-acting opioid analgesic, was introduced by Searle in injection and capsule forms. Tramadol has the greatest affinity for (mu) receptors, as well as inhibiting neuronal noradrenaline uptake and 5-HT (serotonin) release.

It is licensed for the prevention and treatment of moderate to severe pain and, although it is an opioid analgesic, it is not scheduled as a Controlled Drug.

The injection can be administered intramuscularly, intravenously, or diluted in solution for infusion or patient controlled analgesia. The recommended dose is 50-100mg every four to six hours.

Tramadol should not be given to patients who are taking monoamine oxidase inhibitors, for conventional MAOIs within two to three weeks of their withdrawal, or for moclobemide within 24 hours of stopping.

Just how big a headache is Tension Headache?

The biggest. In fact, 74% of all headaches are Tension Headaches.⁽¹⁾ Which, when you think about the pressure people are under today, makes sense.

What also makes sense, is to recommend a *specific* Tension Headache remedy straight away. And the one to recommend is Syndol.

There is no more effective OTC treatment for your patients. Uniquely formulated for Tension Headache, Syndol contains the powerful analgesic combination of Paracetamol, Codeine and Caffeine, plus Doxylamine Succinate to ease muscle tension and bring fast relief (a clinical study showed that in 97% of Tension Headache attacks, Syndol started to work within 30 minutes).

It is a Pharmacy medicine, is strongly supported, creates extraordinary loyalty, and powerful word of mouth recommendation.

Get the benefit. Display well, recommend at once, and above all don't get caught out of stock. That's a headache you could do without.



(1) National Headache Survey, Gallup 1993



**You can't recommend
more powerful relief.**

Syndol[®]

Paracetamol · Codeine Phosphate
Doxylamine Succinate · Caffeine

INFORMATION FOR PHARMACISTS: Each tablet contains Paracetamol BP 450mg, Codeine Phosphate BP 10mg, Doxylamine Succinate USNF 5mg, Caffeine BP 30mg **USES:** Treatment of mild to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction or tension headache, migraine, neuralgia, toothache, sore throat, dysmenorrhoea, muscular and rheumatic aches and pains and post-operative analgesia following surgical or dental procedures **DOSAGE AND ADMINISTRATION:** Adults and children over 12 years 1 or 2 tablets every 4-6 hours as needed Maximum 8 tablets in 24 hours. Not recommended in children under 12 years **CONTRA-INDICATIONS, WARNINGS ETC.:** Contra-indications: Idiosyncrasy to any of the ingredients. Precautions: May cause drowsiness. If affected, do not drive or operate machinery. No data available in pregnancy: avoid use. Side-effects: Drowsiness or dizziness, mild constipation, agranulocytosis rarely. Overdose: Paracetamol overdose can cause liver and kidney necrosis. Immediate medical referral is essential **LEGAL CATEGORY:** P CD (Section 5) (not prescribable under NHS). **PRODUCT LICENCE NUMBER:** PL4425/0018 **PACKAGE QUANTITIES, PRICE:** Pack of 10 tablets £1.65, 20 tablets £2.85, 50 tablets £6.08 **DATE OF PREPARATION:** November 1994 Full prescribing information is available from licence holder Marion Merrell Dow Limited, Lakeside House, Stockley Park, Uxbridge, Middlesex UB11 1BE.

BREAKING DOWN THE BARRIER

For Adcock Ingram, the South African pharmaceuticals giant, entry into the UK market has been plagued with problems. But it is an older and wiser company which approaches year three of its five-year plan, as Ailsa Colquhoun reports

Nelson Mandela has done more for South Africa than become its president. For companies such as pharmaceuticals conglomerate Adcock Ingram, the movement to end apartheid not only removed the 'boycott' stigma on its country's products, it forced businesses – some for the first time – to think internationally.

Adcock Ingram, says Jim Ritchie, its UK business manager, recognised that it needed to more fully understand what was happening on the outside, especially in premium, first world markets.

"With internationalisation came the recognition that the home market has, in the last 15-20 years, been protected. Most of the large companies were not playing and, of those that were, the emphasis on the South African market was not as much as it is going to be now.

"South Africa found itself transformed from being a country that very few people wanted to trade with to a situation where the world is very much more open and, although it's not a massive market, it's English-speaking and entry to it can, perhaps, be fairly easy.

"Adcock Ingram has a good level of expertise, but it didn't have the working knowledge of these markets and that's the start point of the international effort," he says.

GLAXO OF SA

Adcock Ingram describes itself as the Glaxo of South Africa. Certainly the company, which in 1994 posted a turnover of R1,009 million (up 3.8 per cent on 1993), has a diverse portfolio and a well established heritage. From its roots as a Krugersdorp pharmacy in 1890, today it boasts alliances, joint ventures and licensing agreements with heavyweight multinationals such as Eli Lilly, Helene Curtis (US), Astra and Pharmacia. The company comprises five divisions:

- critical care – which accounts for almost 25 per cent of total 1994 group turnover (up 3.5 per cent on 1993), and markets medical, parenteral, blood, renal and patient care products
- pharmaceuticals – which has 17 per cent of group turnover (down 1.4 per cent), and comprises ethical categories, such as analgesics, antibiotics, dental anaesthetics,

respiratory, cardiac and ulcer preparations; Adco-branded generics, including NSAIDs, broad-spectrum antibiotics, cardiovascular/anti-microbial agents and local anaesthetics

- self-medication/consumer – which comprises 24 per cent of group turnover (up 12.4 per cent), including analgesics, tonics, cough and cold remedies; anti-septics and acne preparations; and household and personal care toiletry products, including Salon Selectives, Finesse and Jeyes

- wholesale – including the Family Circle pharmacy franchise and own-label products – which has 34 per cent of group turnover (up 1.4 per cent)

- the new international division, comprising UK and Australian offices, plus a South African-based team dealing with remaining global markets.

The UK was targeted, says Mr Ritchie, due to its synergies with South African culture and history. Another benefit is the 'kudos' that a UK-established company is perceived to hold by other nations.

Hence, with a budget running into millions of pounds, the Leicester-based office kicked off in August, 1993, with a five-year, four-point plan to:

- create an image for Adcock Ingram in the UK
- create brands and develop brand share
- break even or produce profit by year three
- identify opportunities for the company's international division.

Pre-launch market



research revealed that three areas of the UK OTC market held potential. These were: analgesics, cough and cold remedies, and vitamins and supplements.

Given the UK government's drive towards more cost-effective prescribing, generics were also identified as a potential profit centre. In both areas, it was deemed more suitable for investment to be directed at brand support rather than plant, machinery and resources. With just two staff in Leicester, the UK operation is the "ultimate in out-sourcing", says Mr Ritchie.

Almost two years on, he describes the experience in the UK as a learning process.

Certainly, the launch plan has fallen behind schedule; the company intended to launch into the UK with a P status analgesic, Painease. However, trademark and packaging problems forced the launch date of the product, now called Painex, back to 1996.

The company had also intended to launch its range of Adco-branded generics by now. Even though the UK market is not expected to generate the same sort of margins as South Africa – which is not as competitive and where bioavailability is as important a purchasing criterion as price is here – the plan was, says Mr Ritchie, "a short-term objective to achieve critical mass quickly and support the main OTC effort".

The portfolio is now six months behind schedule. The cause, says Mr Ritchie, is "little things", such as whether the Adco trademark can be used, and certain quality requirements. "In South Africa, it's easier to pick up the phone and arrange a get-together with the regulatory people."

Of those OTC brands that have launched – Bioplus tonic (June, 1994) and Lemplus lemon cough and cold drink (December, 1994) – the success story is also qualified.

The challenge for Bioplus is to recreate the prescription heritage enjoyed by the now OTC brand in

SA. An additional difficulty is the strength of UK wholesalers and multiples which, says Mr Ritchie, "call the shots with their fees".

Mr Ritchie continues: "We were effectively trying both the market – which was not well understood – and a brand as well,

that in itself is a major challenge.

"Through research, we saw that there was potential, as we were bringing out a product almost without competitors."

Without wanting to disclose the brand's actual performance, Mr Ritchie admits it was less than expected. "Hindsight is a great thing. Now the challenge is taking that on."

The company does, however, tout Lemplus as a success, despite a delayed, and knowingly late-season launch. Because of such circumstances, the company did not expect any sales at all. The result, he says, was quite pleasing.

Of the portfolio's overall performance, Mr Ritchie says the company is not necessarily unhappy. "We have moved on from nothing to a stage where within nine or ten months we launched a first brand, and another three to five months after that, a second."

OVER-AMBIITION?

"People have said we have a very ambitious roll-out plan and perhaps the regulatory affairs are telling us that's over-ambitious. We have very aggressive objectives."

With the appointment of Chemist Brokers to handle national distribution, Adcock Ingram is gearing up for stage two of its UK programme.

The company remains committed to its aggressive plan – despite the problems encountered. A number of consumer and self-medication products will be tested as a price concept, such as the Gill cosmetic and problem skin care and hair care ranges, plus the Nice to Touch skin care lines and the Je t'aime deodorant range. There may also be ethnic potential for the SA headliner Ingram's camphor cream.

Future consumer launches are also on the cards and, as far as generics go, the potential lies in additional products and niche 'technology', such as effervescent and sustained release formulations. The company is also planning an added-value, 'extra fill' approach.

As for pharmacy retail, wholesale and ethicals, Mr Ritchie says: "At the moment, we do not see that there are any appropriate products in the SA R&D portfolio for which we can find a competitive advantage in the UK. If you don't have the products, it doesn't make sense to try and make something out of nothing."

Operations-wise, the long-term plan is to use the UK as a springboard for the European market. Eastern Europe is particularly hungry for Western products.

Internationalisation will be an uphill task. "It's a new venture in which Adcock Ingram isn't well versed or experienced," admits Mr Ritchie. However, there is no doubt that the company is learning fast and adapting to the challenge.

DISPLAY AND WIN WITH ZANTAC 75

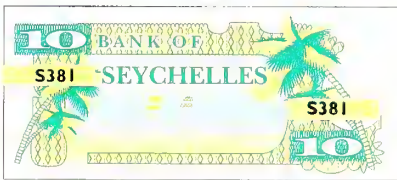
You may already have won one of the following prizes! A weekend in Paris for two, 14 nights for two in Egypt or 12 nights in the Seychelles.

All you have to do is compare the half bank note attached to your Zantac 75 Counter Unit, Open and Closed sign or Window Display, with the half bank notes printed every month only in *Chemist & Druggist*.

If you can match the serial numbers then you've won a fabulous prize! Call the Warner Wellcome Hotline on 0500 878 889 to claim your holiday.



TWO MORE CHANCES TO WIN!



Over the next two months, take a look at *Chemist & Druggist*

at the beginning of every month where more bank notes will be appearing.

Several of your colleagues have already enjoyed their super prize holidays. You could be next! Look out for more winning numbers in next month's first edition of *Chemist & Druggist*.

Remember, it pays to display with Zantac 75.

FROM A WORLD OF EXPERIENCE



A WHOLE NEW WORLD OF RELIEF OTC.

Pharmasite seeks poster spots

Independent pharmacists are being offered the opportunity to sign up to a new poster advertising package, called Pharmasite, from this month.

Posmark, the company behind the initiative, is hoping to establish a national network of 2,500 illuminated poster sites in the windows of selected independent and multiple pharmacies by the time the scheme goes live in October.

If Pharmasite is successful in England, Scotland and Wales, it will be rolled out in Northern Ireland in the new year.

The scheme is being supported by the National Pharmaceutical Association. Those signing up with an automatically-renewable annual contract will receive \$250 in NPA vouchers (in arrears) for providing window space. The vouchers can be spent on membership renewal or on business services.

Pharmacies taking up the package will be expected to position what is, in effect, a double-sided light box in their windows. The unit measures 144 x 91cm and the base is approximately 30cm deep.

There is also a smaller, optional

unit of similar design measuring 56 x 38cm for wall hanging in-store or placing near the dispensary or medicines counter. Brand owners are happy to advertise secondary brands in the smaller units, says Posmark managing director Martin Murphy.

Posmark is just over two weeks into a four-week sales drive and Mr Murphy says over 95 per cent of pharmacies approached have taken both units. So far only 8 per cent of the 600 or so pharmacies contacted have rejected the offer.

Mr Murphy says Pharmasite provides the most exciting targeted advertising medium for pharmacy brands devised to date.

The company will be pursuing its target of 2,500 sites with a promotional mailing this month, and support through the NPA's Pink Supplement.

Posmark's parent company, Walsh-PMSI, has successfully operated a similar scheme in 12,000 French pharmacies for a number of years.

No effort is required by the pharmacist, says Mr Murphy. Pharmasite installs the equipment, changes the posters on a four-weekly cycle and maintains the unit. For emergencies there is an 0800 telephone number to contact for help.

Pharmasite plans to put in the equipment during September. A

launch incentive of \$50 is offered to pharmacists who sign up by August 1.

To begin with, all sites will display the same posters. Mr Murphy believes 2,500 sites is the minimum acceptable for a medium-weight campaign. As the number of sites increases he hopes to offer a regional option based on the ITV television regions.

NPA board member David Sharpe is acting as a consultant to Pharmasite.

If for any reason an advert cannot be carried, Pharmasite plans to display the 'sore tummy' advert from the NPA's 'Ask your pharmacist' campaign.

"Since we are anticipating ads for brand leaders, all pharmacies should stock them," says Mr Murphy. Pharmacists will be advised of the advertising schedule three months in advance, except where the information might be commercially sensitive, eg a new product launch.

With current market conditions, and assuming 4,000 outlets (Pharmasite's target for autumn, 1996), Mr Murphy says he would look to be charging advertisers around \$19 per site per week.

Adshel, the company which promotes the use of bus shelter sites, charges around \$50 a week for a main route network advertising campaign.



Lloyds consolidates manufacturing site

Lloyds Chemists is transferring the manufacturing arm of Daniels Pharmaceuticals to its manufacturing headquarters in Essex.

The ophthalmic sterile eye drops manufacturing unit at Chester Green, Derby, will be moving in July to Lloyds' purpose-built production plant in Romford, Essex. All human pharmaceutical manufacturing will now be on one site.

Dick Turner, commercial director of Lloyds Chemists, says that the Daniels' wholesale business will be unaffected by the move and there are plans to expand the wholesale site in Derby. "It was the most practical decision and we have made a major investment," he says.

Although the transfer is expected to create 45 new jobs at Romford, around 80 staff based at the Derby site will be affected. Mr Turner says these employees will be offered relocation benefits or opportunities elsewhere in the group where possible.

Unichem suffers OTC problems

Unichem's share price fell following revelations that operational difficulties with the computer deliveries system have hit over the counter toiletries sales.

Unichem chairman Lord Rippon told shareholders: "Our wholesaling division has had a slower start than expected because the implementation of one of the final stages of our two-year process redesign programme resulted in operational difficulties for our over the counter toiletries business."

Centralisation of over the counter deliveries at the newly-commissioned South Normanton distribution centre, and the revised warehouse and invoicing systems, resulted in OTC service and paperwork problems for

pharmacists served by some branches.

The company's share price dropped 18p to 262p when the news broke that OTC half year sales were going to be less than forecast for the first four months of this year. As C&D went to press, the share price had made a slight recovery to 266p.

The group has also seen a slightly lower rate of growth in medical sales and incurred higher branch operating charges in implementing the changes.

Since December last year, the company has added 11 pharmacies to its Moss chain, including the Teesside-based Begs group, and maintains it "has a number of significant acquisitions in the pipeline".

Glaxo Wellcome cuts out Tory cash

Glaxo Wellcome has decided to stop its annual donation to the Conservative Party.

A company spokesman says the decision was a reflection on the formation of a new company. "Glaxo has always made Party contributions in the past, while Wellcome has not. This factor, combined with taking into account shareholders' opinions and the changing policies of other multi-national companies, led us to the decision," he says.

The company has given a total of \$810,000, including \$60,000 last year, since it first started contributing in 1975.

● Glaxo Wellcome's Zantac has been given an extra lease of life following the US Food and Drug Administration's decision to honour the GATT agreement.

The trade treaty brings the US patent laws into line with other countries. Zantac, which has worldwide sales of \$2.2 billion, will have patent protection for another 19 months.

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Diagnostic dispute

Chefaro has agreed to pay Unipath an undisclosed compensatory sum for sales of its Predictor Dip and Read pregnancy test and corresponding products, which used Unipath's Rapid Immunoassay patent. The agreement was reached out of court.

Exports up

British pharmaceutical exports reached nearly £4,000 million last year, according to the Association of the British Pharmaceutical Industry. The 8 per cent increase on 1993's figures puts the pharmaceuticals industry third in the UK earners' table. However, imports are starting to rise with a 13 per cent increase noted.

Photo finish

A Kodak Photofinishing Planning guide is now available to help photofinishing customers get ready for the company's Advanced Photo System. Interested retailers should contact:

Henry Reed or John Smith of Kodak technical services and customer support on 01442 844127.

Sainsbury launches own in-store pharmacies

Sainsbury, following in the footsteps of retail rivals Tesco and Safeway, has unveiled plans to set up a network of its own pharmacies.

The company has been trialling Boots' units in ten stores over the past 18 months. A company spokesperson says: "The trial has been a success for both

companies. However, we feel that our customers now expect a pharmacy service to be integrated within the rest of our health and beauty offer on the shopfloor.

"As a result, we intend the provision of pharmacies in our stores in this way in the future."

A head of pharmacy, Richard

King, formerly store development manager with Boots, was recruited by Sainsbury a month ago.

The company has no time-scale for opening the pharmacies and has not revealed how it will acquire NHS contracts, but the existing BTC stores will continue to trade.

UK lags behind in drugs sales

The UK was one of the few drugs markets to experience a slowdown in sales in March, against a worldwide acceleration, says the latest IMG Drug Monitor report.

The domestic market for drugs sold in retail pharmacies showed a 10 per cent growth, compared to 12 per cent for the first two months of this year –

only marginally higher than the first quarter of last year.

Other European countries experienced stronger growth. Germany had sales of \$4 billion, an 11 per cent increase on 1994, France had a growth rate of 9 per cent to \$3.5bn, compared to a year ago and Spain experienced a 15 per cent growth to \$1.1bn.

Total worldwide sales for the first quarter were \$34.2bn, with growth on last year up by only 1 per cent. Japan was the fastest-growing market with sales up 20 per cent to \$6.2bn.

CNS drugs was the therapeutic category growing the fastest, but cardiovascular and ulcer drugs were still out in front as the biggest sellers.

COMING EVENTS

The Association of LPC Secretaries is holding two seminars on 'Committee work for LPC secretaries' on **June 6** at the Forte Posthouse, York, and on **June 21** at the Aztec Hotel, Almondsbury, Bristol. Details from Jean Rothwell on 01204 847896.

The Drug and Therapeutics Bulletin's seminar on 'Treatment guidelines: meeting the need for review and redistribution' is on **June 14** at the Medical Society of London. Details from Anna Pickett on 0171 830 7571.

An 'Update on the biological treatment of cancer' will be held by the **United Kingdom Clinical**

Pharmacy Association on **June 15** at the Royal Marsden Hospital, London. Details from Pat Kennedy on 0116 277 6999.

The European Society of Regulatory Affairs holds its annual meeting on **June 16** at the Gloucester Hotel, London. The theme is 'Initial experiences with the new European regulatory procedures'. Contact the ESRA on 0171 499 1628 for details.

The Proprietary Association of Great Britain AGM and annual dinner will be held on **June 29** at the Hilton Hotel, Park Lane, London. Details from Elizabeth Rogers on 0171 242 8331.

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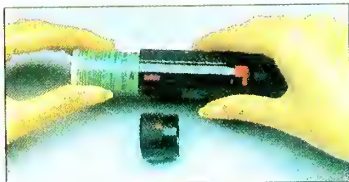
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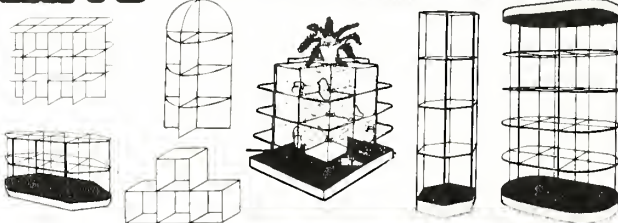
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ABOUT people

Virgin winners

The Unichem trade show at Chessington World of Adventure has given the Patel family the chance of a real-life adventure in America after they won a pair of Virgin flight tickets in the company's free prize draw.

Pharmacists Pradeep and Vaneshri Patel of Chiswick Pharmacy in Chiswick High Road, London, had their names automatically entered

for the draw when their pharmacy was among 200 others signing up for orders of Virgin Cola on the day.

The trade show also proved a success for Unichem, with a record 5,000 visitors, representing around 1,100 pharmacies. Members have a chance to attend a second show on June 18 at Alton Towers. Further details on 0181 391 2323.



The Patel family with Unichem director of sales and marketing Tony Forman



Ailsa Benson, head of training at the National Pharmaceutical Association (middle row, far right), recently presented 31 pharmacy assistants on the Leicester Medicines Counter Assistants (Parts 1 and 2) training course with their graduation certificates. Organised by Mawdsley-Brooks & Co, the courses have been running for the past six months. More than 300 assistants have taken part. Also seen here are John Davies, Mawdsley-Brooks' retail services director (middle row, far left), and course tutor Divyesh Shah

APPOINTMENTS

Barnet Health Agency has appointed three new non-executive board members: community pharmacist **Gerald Zeidman**, Professor **Raymond Feldman** and **Sally Malin**.

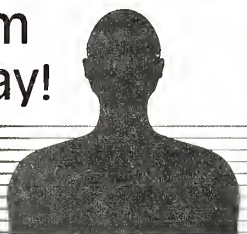
Bart Johnson has joined East Sussex Family Health Services Authority as project manager for prescribing guidelines. His role will involve recruiting community pharmacists to promote the prescribing guide-

lines to general practitioners. Duracell UK has appointed **Glyn Harper** as its new marketing director.

The Shop and Display Equipment Association has elected **Richard Armitage** as president and **Malcolm Woolff** as vice president. Other executive council members are: **J Stovold**, **W Behiels**, **J Best**, **R Cohen**, **K Finch**, **N Flack**, **M Goslen**, **N Greenwood** and **L Krell**.

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Unsung heroes of pharmacy – stand up and be counted!

Do you know any pharmacists who have contributed to their community and profession at a local level and whose labours you think deserve highlighting? *Chemist & Druggist* plans to run a regular column dedicated to such worthies. Let us know if a colleague fits the bill – a bottle of bubbly goes to the nominators on publication!

Just complete the coupon and return it to Fawz Farhan, *Chemist & Druggist*, Miller Freeman Professional Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW, or fax it to us on 01732 361534.

Your name.....

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Briefly state reason for nomination:

Sufferers choose it for *speed*

You recommend it for *peace of mind*

With Clarityn, hayfever sufferers get what they want; relief from symptoms within minutes¹ – nothing works faster! What's more they'll stay alert throughout the day² and be sure of a full 24 hours relief³ from a single, easy to swallow tablet.

With Clarityn you get all the peace of mind you need. Clarityn doesn't interact with alcohol.⁴ Clarityn does not cause sedation.² In vitro work has shown that Clarityn shows selectivity for peripheral over CNS H1 receptors.⁵

And if the only symptoms are itchy, runny eyes, Clariteyes delivers fast, effective relief.⁶

Make Clarityn and Clariteyes your recommended hayfever treatment this season – it's in both your customers' and your interests.



Product information

Clarityn: Clarityn tablets contain 10mg loratadine. *Indications:* For the relief of symptoms associated with seasonal allergic rhinitis and urticaria. *Dosage:* Adults and children aged 12 and over: one tablet once daily. *Contra-indications:* Hypersensitivity. *Pregnancy and lactation:* Side-effects: Rarely, fatigue, nausea and headache. *Pack sizes:* Cartons of 5 tablets. *Retail price:* £3.95. *Legal Category:* [P]. *Product Licence Number:* 0204/0175. *Product Licence Holder:* Schering-Plough Ltd, Welwyn Garden City AL7 1TW. Date of last revision: August 1994.

Clariteyes: Clariteyes Eye Drops contain sodium cromoglycate Ph.Eur. 2% w/v. *Indications:* For the treatment of acute seasonal allergic conjunctivitis including hayfever. *Dosage:* Adults, children and the elderly: one or two drops into each affected eye up to four times daily. *Contra-indications:* Hypersensitivity. *Side-effects:* Transient blurring of vision, burning, stinging may occur. *Pack sizes:* 10ml. *Retail price:* £3.95. *Legal Category:* [P]. *Product Licence Number:* 0530/0356. *Product Licence Holder:* Norton Healthcare Ltd, Harlow, Essex CM19 5TT. Date of preparation: January 1994. Prices correct at the time of going to press.

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BAZUKA Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD1 7JJ. **Active Ingredients:** Salicylic Acid BP 12.0% w/w. Lactic Acid BP 4.0% w/w. Also contains: Camphor BP, Pyroxilin BP, Ethanol (96%) BP, Ethyl Acetate. **Indications:** For the treatment of verrucas, warts, corns and calluses. **Directions for adults, including the elderly, and children:** Apply one or two drops to the lesion and allow to dry to form a small white patch. The following day, carefully peel or pick off the dried patch, and apply fresh gel. Once every week, before applying fresh gel, gently rub the treated surface with the emery board provided. Continue treatment until the condition has resolved. This may take up to 12 weeks for certain verrucas and warts. **Contra-indications:** Not to be used on the face or anogenital regions, or by diabetics or individuals with poor blood circulation. Not to be used on moles, birth marks, hairy warts, or any other lesion for which the gel is not indicated. Not to be used in cases of sensitivity to any of the ingredients. **Precautions and Warnings:** Keep away from the eyes, mucous membrane and from cuts and grazes. Avoid spreading onto surrounding normal skin. Do not use excessively. Some mild, transient irritation may be expected, but in cases of more severe irritation, treatment should be discontinued. Avoid inhaling vapour, and keep cap firmly closed when not in use. Avoid contact with clothing, fabrics, plastics and other materials as it may cause damage. Keep all medicines out of the reach of children. **HIGHLY FLAMMABLE.** Keep away from flames. Store at room temperature (not exceeding 25°C), with the cap replaced tightly.

FOR EXTERNAL USE ONLY | Legal Category: [P] (PL 0173/0161) | Packs: 5g, RSP £3.95 (€3.36 exc. VAT)